C-1: Summary of Services Covered (1 of 2)

a. Waiver Services Summary. List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service	
Statutory Service	Adult Day Care	
Statutory Service	Case Management	
Statutory Service	Consumer Directed Attendant Care - Skilled	
Statutory Service	Prevocational Services	
Statutory Service	Respite	
Statutory Service	Supported Employment	
Extended State Plan Service	Specialized Medical Equipment	
Supports for Participant Direction	Financial Management Service - Supports the self-direction option	
Other Service	Behavioral Programming	
Other Service	Consumer Directed Attendant Care (CDAC) unskilled	
Other Service	Family Counseling and Training Services	
Other Service	Home and Vehicle Modification	
Other Service	Independent Support Broker - Consumer Choices Option	
Other Service	Interim Medicial Monitoring and Treatment (IMMT)	
Other Service	Personal Emergency Response System or Portable Locator System	
Other Service	Self Directed Community Support and Employment	
Other Service	Self Directed Goods and Services	
Other Service	Self Directed Personal Care - Consumer Choices Option	
Other Service	Supported Community Living	
Other Service	Transportation	

Appendix C: Participant Services

04 Day Services

Category 2:

Category 3:

C-1/C-3: Service Specification

State laws, regulations and policies refere	ced in the specification are readily available to CMS upon request through the Medicald
agency or the operating agency (if applica	ıle).
Service Type:	
Statutory Service ▼	
Service:	
Adult Day Health	▼
Alternate Service Title (if any):	
Adult Day Care	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:

Category 4: Sub-Category 4:

 $\overline{\mathbf{w}}$

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 $\overline{\mathbb{V}}$

04050 adult day health

Sub-Category 2:

Sub-Category 3:

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)19	Appendix C: Waiver Draft IA.012.05.00 - Oct 01, 2019
	▼ ▼
Complete this part for	a renewal application or a new waiver that replaces an existing waiver. Select one:
Service is i	ncluded in approved waiver. There is no change in service specifications.
Service is i	ncluded in approved waiver. The service specifications have been modified.
Service is n	not included in the approved waiver.
Service Definition (Sc	rope):
supervision and assista	es provide an organized program of supportive care in a group environment to persons who need a degree of ance on regular or intermittent basis in a day care center. Meals provided as part of these services shall not
	any) limits on the amount, frequency, or duration of this service:
	s an upper rate limit if there is no Veterans Administration contract. The upper rate limits are pulsihed in The rates are subject to change on a yearly basis. A unit of service is 15 minutes, a half day (1 to 4 hours), a
Service Delivery Met	hod (check each that applies):
Participant-Provider ma	directed as specified in Appendix E anaged
Specify whether the s	ervice may be provided by (check each that applies):
Legally Res	ponsible Person
Relative	
Legal Guard	
Provider Specification	ns:
Provider Category	Provider Type Title
Agency	Adult Day Care Agencies that are certified by the Department of Inspections and Appeals
Annondiv C. Do	rtiginant Sarvigas
**	rticipant Services -3: Provider Specifications for Service
C-1/C	-5. I Tovider Specifications for Service
Service Type: St	
Service Name: A	Adult Day Care
Provider Category:	
Agency Provider Type:	
	icies that are certified by the Department of Inspections and Appeals
Provider Qualification License (specify)	
Electise (specify)	•
Certificate (spec	V**
adult day service	ertified by the Department of Inspection and Appeals as being in compliance with the standards for es located at 481 Iowa Adminsiateive Code - Chapter 70.
Other Standard	
conducted prior	rvice agency is responsible for ensuring that criminal background and abuse registry checks are to direct service provision.
Verification of Provide Entity Responsi	der Qualifications ble for Verification:
	mtent of Human Services, the Iowa Medicaid Enterprise
Frequency of Ve	rification:

Providers are recertified every four years

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable). **Service Type:** Statutory Service Service: $\overline{\mathbb{V}}$ Case Management Alternate Service Title (if any): **HCBS Taxonomy:** Category 1: **Sub-Category 1:** 01 Case Management $\overline{\mathbb{V}}$ 01010 case management ▼ Category 2: **Sub-Category 2:** Category 3: **Sub-Category 3:** $\overline{\mathbb{V}}$ Category 4: **Sub-Category 4:** Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one: Service is included in approved waiver. There is no change in service specifications. Service is included in approved waiver. The service specifications have been modified. Service is not included in the approved waiver. **Service Definition** (Scope): Covered services. The following shall be included in the assistance that case managers provide to members in obtaining services: Specify applicable (if any) limits on the amount, frequency, or duration of this service: Payment for case management may not be made until the member is enrolled in the waiver. Payment can also only be made if case management activity is performed on behalf of the member during the month. Case Managers are required to have at least **Service Delivery Method** (check each that applies): Participant-directed as specified in Appendix E Provider managed Specify whether the service may be provided by (check each that applies): Legally Responsible Person Relative Legal Guardian **Provider Specifications:**

Provider Category	Provider Type Title
Agency	Agency - Provider
Agency	Agency - DHS
Agency	Agency- County

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service Service Name: Case Management	
Provider Category:	
Agency v	
Provider Type:	
Agency - Provider	
Provider Qualifications	//
License (specify):	
An Agency that meets Iowa Administrative code 441.24 for case management services. The Agency submits their certification papers along with their provider application in order to be enrolled to provide case management	1/1
Certificate (specify):	
Other Standard (specify):	_//
"Qualified case managers and supervisors" means people who have the following qualifications:	
1. A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but	11
Verification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa Department of Human Services- Iowa Medicaid Enterprise	
Frequency of Verification:	//
Providers are recertified every four years	
	//
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service News Care Management	
Service Name: Case Management	
Provider Category:	
Agency Provider Type:	
Agency - DHS	
Provider Qualifications	
License (specify):	
Certificate (specify):	//
An Agency that meets Iowa Administrative code 441.24 for case management services. The Agency submits their	_
certification papers along with their provider application in order to be enrolled to provide case management	//
Other Standard (specify):	
Qualified case managers and supervisors" means people who have the following qualifications: 1. A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but	\$
Verification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa Department of Human Services Iowa Medicaid Enterprise	
Frequency of Verification:	//
Providers are recertified every four years	
* *	//

C-1/C-3: Provider Specifications for Service **Service Type: Statutory Service** Service Name: Case Management **Provider Category:** Agency **Provider Type:** Agency-County **Provider Qualifications** License (specify): Certificate (specify): An Agency that meets Iowa Administrative code 441.24 for case management services. The Agency submits their certification papers along with their provider application in order to be enrolled to provide case management Other Standard (specify): Qualified case managers and supervisors" means people who have the following qualifications: 1. A bachelor's degree with 30 semester hours or equivalent quarter hours in a human services field (including, but Verification of Provider Qualifications **Entity Responsible for Verification:** Iowa Department of Human Services Iowa Medicaid Enterprise Frequency of Verification: Providers are recertified every four years

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:	
Statutory Service ▼	
Service:	
Personal Care	▼
Alternate Service Title (if any):	
Consumer Directed Attendant Care - Skilled	
	/

HCBS Taxonomy:

Category 1:		Sub-Category 1:	
08 Home-Based Services	▼	08030 personal care	▼
Category 2:		Sub-Category 2:	
	▼	▼	
Category 3:		Sub-Category 3:	
	▼	V	

2010	Appendix	0. Walver Brait 14.012.00.00 - Oct 01, 2010	
(Category 4:	Sub-Category 4:	
		▼ ▼	
Comp	olete this part for a renewal application or a new waiver	that replaces an existing waiver. Select one:	
	Service is included in approved waiver. There is	no change in service specifications.	
	Service is included in approved waiver. The service	vice specifications have been modified.	
	Service is not included in the approved waiver.		
Servi	ce Definition (Scope):		
	•	ovided by the CDAC provider under the supervision of a licensed	-
nurse	e or licensed therapist working under the direction of a p	hysician. The licensed nurse or therapist shall:	//
Speci	fy applicable (if any) limits on the amount, frequency	, or duration of this service:	
	it of service is 15 minutes provided by an individual or a	an agency.	*
Each	service shall be billed in whole units.		_//
Servi	ce Delivery Method (check each that applies):		
	Participant-directed as specified in Appendix E		
Speci	fy whether the service may be provided by (check each	ch that applies):	
	Legally Responsible Person		
	⊘ Relative		
	Legal Guardian		
Provi	der Specifications:		

Provider Category	Provider Type Title
Agency	Home Health Agency
Agency	Assisted Living Program
Agency	Adult Day Service provider
Individual	Individual
Agency	Supported Community Living provider
Agency	Chore Provider
Agency	Community Action Agency
Agency	Home Care provider

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Consumer Directed Attendant Care - Skilled

Provider Category:

Agency Provider Type:

Home Health Agency

Provider Qualifications

License (specify):

Home Care Agency requriements are listed in 441 IAC Chpater 77.

Home health agencies are eligible to participate providing they are certified to participate in the Medicare program

Other Standard (specify):

Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially

Verification of Provider Qualifications

Iowa Department	of Human Services Iowa Medicaid Enterprise
Frequency of Ver	ification:
Every four years	
	<i>,</i>
Appendix C: Par	ticipant Services
C-1/C-	3: Provider Specifications for Service
Service Type: Sta Service Name: C	tutory Service onsumer Directed Attendant Care - Skilled
Provider Category:	
Agency ▼	
Provider Type:	
Assisted Living Progra	m .
Provider Qualificatio	is a second of the second of t
License (specify):	
Certificate (speci	ŷ):
	ograms certified by the department of inspections and appeals 481 IAC Chapter 67
Other Standard	specify): n process for a nonaccredited program.
	of all completed documentation, including state fire marshal approval and structural and evacuation
Verification of Provid	• • • • • • • • • • • • • • • • • • • •
	le for Verification:
The Iowa Departs	nent of Human Services, the Iowa Medicaid Enterprise
Frequency of Ver	ification:
Every four years	
Appendix C: Par	ticinant Services
	3: Provider Specifications for Service
0 0	
Service Type: Sta	
	onsumer Directed Attendant Care - Skilled
Provider Category: Agency	
Provider Type:	
Adult Day Service pro	vider
Provider Qualificatio License (specify):	ıs
Electise (specify).	
Certificate (speci	
	are Provider standards are contained in the Department of Inspections and Appeals adminsitrative Adminsitrative Code Chapters 67 and 79.
Other Standard	
Initial certification	n process for a nonaccredited program.
	of all completed documentation, including state fire marshal approval and structural and
Verification of Provid	er Qualifications

The Iowa Department of Human Services, the Iowa Mediciad Enterprise	
Frequency of Verification:	/.
Every four years	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Service Type: Statutory Service	
Service Name: Consumer Directed Attendant Care - Skilled	
Provider Category:	
Individual ▼	
Provider Type:	
Individual	
Provider Qualifications	/
License (specify):	
Certificate (specify):	/
CDAC Provider Qualifications are listed in 441 IAC Chapter 77	
CDNC Floride Qualifications are fisted in 441 INC Chapter //	
Other Standard (specify):	
An individual who contracts with the consumer to provide attendant care service and who is:	-
(1) At least 18 years of age.	/
Verification of Provider Qualifications Entity Responsible for Verification:	
Iowa Department of Human services, Iowa Medicaid Enterprise	
For CCO employees, the Financial Management Service.	
Frequency of Verification:	
Every four years	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Service Type: Statutory Service	
Service Name: Consumer Directed Attendant Care - Skilled	
Provider Category: Agency	
Provider Type:	
Supported Community Living provider	
Provider Qualifications	
License (specify):	
Certificate (specify):	
Providers certified under an HCBS waiver for supported community living listed in 441 IAC Chapter 77.	
Other Standard (specify): Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirement	c A
in this rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially	S
Verification of Provider Qualifications	/

Iowa Department of Human Services Ioa Medicaid Enterprise	
Frequency of Verification:	/
Every four years	,
	/
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Service Type: Statutory Service	
Service Name: Consumer Directed Attendant Care - Skilled	
Provider Category:	
Agency V	
Provider Type: Chore Provider	
Chore Provider	
Provider Qualifications	/
License (specify):	
Certificate (specify):	
Other Standard (specify):	
Providers that were enrolled as chore providers as of June 30, 2010, based on a subcontract	et with or letter of approval
from an area agency on aging. Providers must be:	
Verification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa Department of Human Services Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
C-1/C-3. I Tovider Specifications for Service	
Service Type: Statutory Service	
Service Name: Consumer Directed Attendant Care - Skilled	
Provider Category:	
Agency v	
Provider Type:	
Community Action Agency	
Provider Qualifications	
License (specify):	
Certificate (specify):	
Other Standard (specify): "Community action account" means a public account on a private name of account which is	a outhonized we dea 'to
"Community action agency" means a public agency or a private nonprofit agency which is charter or bylaws to receive funds to administer community action programs and is design	
Varieties of Drawiday Qualifications	area of the governor to

Verification of Provider Qualifications

Category 1:

04 Day Services

	Iowa Departmet of Human Services Iowa Medicaid Enterprise	
		//
	Frequency of Verification:	
	Every four years	//
ď	pendix C: Participant Services	
1	C-1/C-3: Provider Specifications for Service	
	Service Type: Statutory Service Service Name: Consumer Directed Attendant Care - Skilled	
ro	vider Category:	
	ency 🔻	
	vider Type:	
Ior	ne Care provider	
ro	vider Qualifications	//
	License (specify):	
		//
	Certificate (specify):	
	Home care providers that have a contract with the department of public health or have written certification from the department of public health stating they meet the home care standards and requirements set forth in department of	◆
	Other Standard (specify):	A
	The authorized agency shall ensure that each individual assigned to perform home care aide services meets one of the following:	-
⁷ eri	fication of Provider Qualifications Entity Responsible for Verification:	
	Iowa Department of Human Services Iowa Medicaid Enterprise	
	Frequency of Verification:	_//
	Every four years	
		//
p	pendix C: Participant Services	
	C-1/C-3: Service Specification	
ate	laws, regulations and policies referenced in the specification are readily available to CMS upon request through the M	1edica
	cy or the operating agency (if applicable).	
	ice Type:	
	tutory Service ▼ ice:	
	vocational Services	
	rnate Service Title (if any):	
CT.	2S Tayonomy	

file:///C:/Users/kkirkpa/AppData/Local/Temp/Temp1_Brain Injury Waiver 2019 Renewal Application.zip/IA 0299 BI Waiver Renewal Appendix C.html

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Sub-Category 1:

04010 prevocational services

▼

Category 2:	Sub-Category 2:
▼	▼
Category 3:	Sub-Category 3:
▼	w .
Category 4:	Sub-Category 4:
▼	▼
Complete this part for a renewal application or a new waiver that	•
Service is included in approved waiver. There is no	change in service specifications.
 Service is included in approved waiver. The service 	specifications have been modified.
Service is not included in the approved waiver.	
Service Definition (Scope): Prevocational services" means services that provide career explo	notion learning and words even mismage in alveling valuation
opportunities, where the member can develop non-job-task-speci	
Specify applicable (if any) limits on the amount, frequency, or	- · · · · · · · · · · · · · · · · · · ·
Exclusions. Prevocational services payment shall not be made for (1) Services that are available to the individual under a program	
Service Delivery Method (check each that applies):	
⊘ Participant-directed as specified in Appendix E	
Provider managed	
Specify whether the service may be provided by (check each th	hat applies):
✓ Legally Responsible Person	
Relative	
✓ Legal Guardian	
Provider Specifications:	
Provider Category Provider Type Title	
Agency CQL	
Agency CARF Accredited Agency	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for	Service
Service Type: Statutory Service	
Service Name: Prevocational Services	
Provider Category:	
Agency V	
Provider Type: CQL	
CQL	
Provider Qualifications	- //
License (specify):	
Certificate (specify):	//
co mente (specify).	
Other Standard (specify):	

)	Appendix C: Waiver Draft IA.012.05.00 - Oct 01, 2019	
	Providers accredited by the Council on Quality and Leadership	*
eri	ification of Provider Qualifications	/.
	Entity Responsible for Verification:	
	Iowa Department of Human Services	
	Frequency of Verification:	/.
	Every Four Years	/
p]	pendix C: Participant Services	
	C-1/C-3: Provider Specifications for Service	
	Service Type: Statutory Service	
	Service Name: Prevocational Services	
rov	vider Category:	
	ency ▼	
	vider Type:	
	RF Accredited Agency	
		/.
ov	vider Qualifications	
	License (specify):	
	Certificate (specify):	
	79.39(22)	-
	Providers of prevocational services must be accredited by one of the following:	/
	Other Standard (specify):	
	Providers responsible for the payroll of members shall have policies that ensure compliance with state and federal labor laws and regulations, which include, but are not limited to:	•
eri	fication of Provider Qualifications	
	Entity Responsible for Verification:	
	The Iowa Department of Human Services	
	Frequency of Verification:	
	Frequency of Verification: Every four years	

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:			
Statutory Service	₩		
Service:		,	
Respite		▼	
Alternate Service Title (if any):			

HCBS Taxonomy:

Category 1:		Sub-Category 1:	
09 Caregiver Support	▼	09012 respite, in-home ▼	
Category 2:		Sub-Category 2:	
09 Caregiver Support	▼	09011 respite, out-of-home ▼	
Category 3:		Sub-Category 3:	
	▼	▼	
Category 4:		Sub-Category 4:	
	▼	▼	
Complete this part for a renewal application or a new w	vaiver that rep	places an existing waiver. Select one:	
Service is included in approved waiver. The	here is no cha	nge in service specifications.	
Service is included in approved waiver. The	he service spe	cifications have been modified.	
Service is not included in the approved wa	aiver.		
PF			
Service Definition (Scope):			
		emporary relief to the usual caregiver and provide all the	*
		e period. The purpose of respite is to enable the member to	//
Specify applicable (if any) limits on the amount, freq	ąuency, or dui	ration of this service:	
The following limitations apply:			
a.Services provided outside the member?s home shall r	not be reimbur	sable if the living unit where the respite is provided is	//
Souries Delivery Method (check each that applies):			//

Service Delivery Method (check each that applies):

- ✓ Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Facility ICF/ID
Agency	Home Health
Agency	Facility - Hospital
Agency	Group Living Foster Care Facility
Agency	Facility - Residential Care Facility
Agency	Assisted Living Programs
Agency	Adult Day Care
Agency	Agency
Agency	Camps
Agency	Facility - Nursing Facility
Agency	Home Care Agency
Agency	Child Care Facility

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service Service Name: Respite

Agency v rovider Type: Sacility ICF/ID rovider Qualifications License (specify): Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) liscensed by the Department of Inspections and Appeals 481 IAC Chapters 63 and 64. Certificate (specify):
rovider Qualifications License (specify): Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) liscensed by the Department of Inspections and Appeals 481 IAC Chapters 63 and 64.
rovider Qualifications License (specify): Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) liscensed by the Department of Inspections and Appeals 481 IAC Chapters 63 and 64.
License (specify): Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) liscensed by the Department of Inspections and Appeals 481 IAC Chapters 63 and 64.
Intermediate Care Facility for Persons with Intellectual Disabilities (ICF/ID) liscensed by the Department of Inspections and Appeals 481 IAC Chapters 63 and 64.
Inspections and Appeals 481 IAC Chapters 63 and 64.
1 1
Certificate (specify):
Other Standard (specify):
Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and
nonprescription medications administered. Home health agencies must follow Medicare regulations for medication
erification of Provider Qualifications
Entity Responsible for Verification: Iowa Department of Human Services, Iowa Medicaid Enterprise
Towa Department of Human Services, Iowa Medicald Enterprise
Frequency of Verification:
Every four years
Appendix C: Participant Services C-1/C-3: Provider Specifications for Service
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category:
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency rovider Type:
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency rovider Type: Home Health
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency rovider Type:
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency rovider Type: Home Health rovider Qualifications
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency v rovider Type: Home Health rovider Qualifications License (specify):
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency Trovider Type: Home Health rovider Qualifications License (specify): Certificate (specify):
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency v rovider Type: Home Health rovider Qualifications License (specify):
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency Trovider Type: Home Health rovider Qualifications License (specify): Certificate (specify):
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency v rovider Type: Home Health rovider Qualifications License (specify): Certificate (specify): 441 IAC 77.9 (249A) Home Health Agency certified by Medicare
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency rovider Type: Home Health rovider Qualifications License (specify): Certificate (specify): 441 IAC 77.9 (249A) Home Health Agency certified by Medicare Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medication
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency v rovider Type: Home Health rovider Qualifications License (specify): Certificate (specify): 441 IAC 77.9 (249A) Home Health Agency certified by Medicare Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medication erification of Provider Qualifications Entity Responsible for Verification:
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency v rovider Type: Home Health rovider Qualifications License (specify): Certificate (specify): 441 IAC 77.9 (249A) Home Health Agency certified by Medicare Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medication erification of Provider Qualifications Entity Responsible for Verification:
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Respite rovider Category: Agency v rovider Type: Iome Health rovider Qualifications License (specify): Certificate (specify): 441 IAC 77.9 (249A) Home Health Agency certified by Medicare Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medication fertification of Provider Qualifications Entity Responsible for Verification: The Iowa Department of Human Services, the Iowa Medicaid Enterprise

Service Type: Statutory Service Service Name: Respite

Agoney V	
Agency •	
Provider Type:	
Facility - Hospital	
Provider Qualifications	
License (specify):	
Liscensed by the Department of Inspections and Appeals under 481 Chapter 51	
Certificate (specify):	/
Other Standard (specify):	/
Enrolled as an Iowa Medicaid provider.	4
Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and	,
Verification of Provider Qualifications Entity Responsible for Verification:	
Iowa Department of Human Services, Iowa Medicaid Enterprise	
Fuercana of Varification	
Frequency of Verification:	
Every four years	
	/
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Complete Theory Control Complete	
Service Type: Statutory Service	
Service Name: Respite	
Service Name: Respite Provider Category:	
Service Name: Respite Provider Category: Agency	
Service Name: Respite Provider Category: Agency Provider Type:	
Service Name: Respite Provider Category: Agency Provider Type:	
Service Name: Respite	
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify):	
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to	,
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109.	
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to	
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109.	
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441? Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441? Chapter 109. Certificate (specify): Other Standard (specify):	
Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and	ation
Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medic Verification of Provider Qualifications	ation
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medic Verification of Provider Qualifications Entity Responsible for Verification:	ation
Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medic Verification of Provider Qualifications	ation
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medic Verification of Provider Qualifications Entity Responsible for Verification:	ation
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medications Finity Responsible for Verification: Iowa Department of Human Services Iowa Mediciad Enterprise	ation
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medications of Provider Qualifications Entity Responsible for Verification: Iowa Department of Human Services Iowa Mediciad Enterprise Frequency of Verification:	ation
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441? Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441? Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medic Verification of Provider Qualifications Entity Responsible for Verification: Iowa Department of Human Services Iowa Mediciad Enterprise Frequency of Verification:	ation
Service Name: Respite Provider Category: Agency Provider Type: Group Living Foster Care Facility Provider Qualifications License (specify): Group living foster care facilities for children licensed by the department according to 441?Chapters 112 and 114 to 116 and child care centers licensed according to IAC 441?Chapter 109. Certificate (specify): Other Standard (specify): Procedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications administered. Home health agencies must follow Medicare regulations for medical refrication of Provider Qualifications Entity Responsible for Verification: Iowa Department of Human Services Iowa Mediciad Enterprise Frequency of Verification:	ation

Service Type: Statutory Service

Provider (Category:	
Agency	▼	
Provider '	· -	
Facility -	Residential Care Facility	
rovider (Qualifications	
	ise (specify):	
	liscensed by the Department of Inspections and Appeals under 481 IAC Chapter 57	
Certi	ficate (specify):	
	r Standard (specify):	
	edures shall be developed for the dispensing, storage, authorization, and recording of all prescription and rescription medications administered. Home health agencies must follow Medicare regulations for medication	
	on of Provider Qualifications	
	y Responsible for Verification:	
	Department of Human Services, Iowa Medicaid Enterprise	
	_ ·r	
Frequ	uency of Verification:	
Ever	y four years	
Sorvi	ce Type: Statutory Service	-
	ce Name: Respite	
Agency rovider	Category: V Type: Living Programs	
rovider (Qualifications	
	ise (specify):	
	ficate (specify):	
	fied by the Department of Inspections and Appeals UInder 481 IAC Chapter 67	
	certification process for a nonaccredited program.	_
	r Standard (specify):	
	edures shall be developed for the dispensing, storage, authorization, and recording of all prescription and rescription medications administered. Home health agencies must follow Medicare regulations for medication	
	on of Provider Qualifications	
	y Responsible for Verification:	
	Towa Department of Human Services, the Iowa Medicaid Enterprise	
	•	
Frequ	uency of Verification:	
Ever	y four years	
ppend	lix C: Participant Services	
	C 1/C 2. Provider Specifications for Service	
	C-1/C-3: Provider Specifications for Service	
	C-1/C-3: Frovider Specifications for Service	

Agend	
	•
	er Type:
Adult I	Day Care
rovid	er Qualifications
Li	cense (specify):
	ertificate (specify):
se	ertified by the Department of Inspections and Appeals as being in compliance with the standards for adult day rvices programs adopted by the department of elder affairs at 321 - Chapter 24.
	ther Standard (specify):
	ocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and
	onprescription medications administered. Home health agencies must follow Medicare regulations for medication
	ation of Provider Qualifications atity Responsible for Verification:
Io	wa Department of Human Services Iowa Mediciad Enterprise
Fr	equency of Verification:
	very four years
ppe	ndix C: Participant Services C-1/C-3: Provider Specifications for Service
	C-1/C-3. I Tovider Specifications for Service
Se	rvice Type: Statutory Service
20	i vice i per statutor y ser vice
	rvice Name: Respite
Se	rvice Name: Respite
Se rovid	rvice Name: Respite er Category:
Se covida agend	rvice Name: Respite er Category: ey
Se rovide Agend rovide	rvice Name: Respite er Category: cy v er Type:
Se rovide Agend rovide	rvice Name: Respite er Category: cy v er Type:
Se rovide Agency rovide Agency	rvice Name: Respite er Category: cy v er Type:
Se rovide Agency rovide gency rovide	rvice Name: Respite er Category: ey er Type:
Secovide agency covider covide	rvice Name: Respite er Category: ey v er Type: y er Qualifications
Se rovide Agency rovide Li	rvice Name: Respite er Category: ey v er Type: y er Qualifications
Se rovide Agency rovide gency rovide Li	rvice Name: Respite er Category: ey v er Type: y er Qualifications cense (specify):
Se rovide Agency rovide Li Ce A	rvice Name: Respite er Category: ey v er Type: y er Qualifications cense (specify):
Serovide Agency Ce A fo	rvice Name: Respite er Category: ey v er Type: y er Qualifications cense (specify): ertificate (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards se
Secretaria	rvice Name: Respite er Category: er Type: y er Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards serth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): rocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and
Secondary Second	rvice Name: Respite er Category: by er Type: er Qualifications cense (specify): ertificate (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards serth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): rocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication
Se S	rvice Name: Respite er Category: er Type: y er Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards se rth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): rocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and
Secrovide gency covide Li	rvice Name: Respite er Category: by er Type: er Qualifications cense (specify): ertificate (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards seems (and the standard standards seems (specify): ertificate (specify): ertificate (specify): recedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications
Secrovide Agency Color of the Agency Color of	rvice Name: Respite er Category: er Type: ger Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards se rth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): cocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications tity Responsible for Verification:
Serovide Agency rovide Agency rovide Li Ce A fo Ot Pr nc rerifica Er Io	rvice Name: Respite er Category: by er Type: er Type: er Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards serth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): coccdures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications tity Responsible for Verification: wa Department of Human Services, Iowa Medicaid Enterprise equency of Verification:
rovide Agency rovide Agency rovide Li Ce A fo Ot Pr nc ferifica Er Io	rvice Name: Respite er Category: by er Type: er Qualifications cense (specify): gencies certificate (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards see rth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): cocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications tity Responsible for Verification: wa Department of Human Services, Iowa Medicaid Enterprise
Serovide Agency Provide Agency Provi	rvice Name: Respite er Category: by er Type: er Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards se rth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): coccdures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications tity Responsible for Verification: wa Department of Human Services, Iowa Medicaid Enterprise equency of Verification:
Serovide Agency rovide Agency rovide Li Ce A fo Ot Pr nc rerifica Er Io	rvice Name: Respite er Category: by er Type: er Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards se rth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): cocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications tity Responsible for Verification: wa Department of Human Services, Iowa Medicaid Enterprise equency of Verification:
Serovide Agency rovide Agency rovide Agency Co A fo Ot Pr no Cerifica Er Ev	rvice Name: Respite er Category: by er Type: er Qualifications cense (specify): gencies certified by the department to provide respite in a member's home that meet the organizational standards se rth in 441 IAC 77.39(1), 77.39(3)through 77.39(7) ther Standard (specify): cocedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and comprescription medications administered. Home health agencies must follow Medicare regulations for medication ation of Provider Qualifications tity Responsible for Verification: wa Department of Human Services, Iowa Medicaid Enterprise equency of Verification:

Service Type: Statutory Service

rovider Category:	
Agency V	
rovider Type: Camps	
amps	
rovider Qualifications	
License (specify):	
Certificate (specify):	
Camps certified by the American Camping Association. The ACA-Accreditation Program:	
• Educates camp owners and directors in the administration of key aspects of camp operation, program quality, and	
Other Standard (specify):	
Respite providers shall meet the following conditions: Providers shall maintain the following information that shall be updated at least annually:	
erification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa Department of Human Services Iowa Medicaid Enterprise	
D. ONL 100 At	
Frequency of Verification:	
Every four years	
Service Type: Statutory Service	
Service Name: Respite	
ovider Category:	
gency ▼	
rovider Type:	
acility - Nursing Facility	
rovider Qualifications	
License (specify):	
Liscensed by the Department of Inspections and Appeals 481 IAC Chapters 58 and 61.	
Certificate (specify):	
Other Standard (specify):	
Conditions of participation for nursing facilities. All nursing facilities shall enter into a contractual agreement with	
the department which sets forth the terms under which they will participate in the program.	
rification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa Department of Human Services, Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years	
Every four years	
ppendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
C-1/C-3: Provider Specifications for Service	

Provider	Category:
Agency	▼
Provider	Type:
Home Ca	are Agency
 Provider	Qualifications
Lice	nse (specify):
	tificate (specify):
	ne care agencies that meet the Home Care requirements set forth in IAC 641-80.5(135), 641-80.6 (1350 and 641-7 (135) or certified by Medicare as a Home Health agency
Othe	er Standard (specify):
	cedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and prescription medications administered. Home health agencies must follow Medicare regulations for medication
	ion of Provider Qualifications ty Responsible for Verification:
	a Department of Human Services Iowa Medicaid Enterprise
10 W	a Department of Truman Services fowa Medicard Enterprise
Frec	quency of Verification:
	ry four years
	rice Type: Statutory Service rice Name: Respite
Agency	Category:
Provider	
	re Facility
Cima Ca	Te i denity
Provider	Qualifications
Lice	nse (specify):
	ld Care Facilities that are defined as child care centers, preschools, or child development homes registered pursuant 41 IAC chapter 110.
Cert	tificate (specify):
Otho	er Standard (specify):
Proc	cedures shall be developed for the dispensing, storage, authorization, and recording of all prescription and prescription medications administered. Home health agencies must follow Medicare regulations for medication
Verificati	ion of Provider Qualifications
	ty Responsible for Verification:
Iow	a Department of Human Services, Iowa Medicaid Enterprise
Free	quency of Verification:
	ry four years
11701	ijioni jenio

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:	
Statutory Service ▼	
Service:	
Supported Employment ▼	
Alternate Service Title (if any):	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:
03 Supported Employment ▼	03010 job development ▼
Category 2:	Sub-Category 2:
03 Supported Employment ▼	03021 ongoing supported employment, individual ▼
Category 3:	Sub-Category 3:
03 Supported Employment ▼	03022 ongoing supported employment, group ▼
Category 4:	Sub-Category 4:
03 Supported Employment	03030 career planning ▼
Complete this part for a renewal application or a new waiver that re	
Service is included in approved waiver. There is no ch	nange in service specifications.
Service is included in approved waiver. The service sp	pecifications have been modified.
Service is not included in the approved waiver.	
Service is not included in the approved warver.	
Service Definition (Scope):	
Individual supported employment. Individual supported employme	
that enable the member to obtain and maintain individual employm	- //
Specify applicable (if any) limits on the amount, frequency, or d A unit of service for Individual Supported Employment is 15 minut	
A unit of service for Individual Supported Employment is 15 minutes A unit of service for Small Group Employment is 15 minutes	v etcs
11 min of sortino for similar strong Employment is to minute	
Service Delivery Method (check each that applies):	
Participant-directed as specified in Appendix E	
Describer and a specifica in Appendix E	

Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	JCAHO
Agency	CQL
Agency	CARF
Agency	CAFC
Agency	ICCD

Service Type: Statutory Service Service Name: Supported Employment	
Provider Category:	
Agency V	
Provider Type:	
JCAHO	
Provider Qualifications	
License (specify):	
Certificate (specify):	//
Certificate (specify).	
	//
Other Standard (specify):	
An agency that is accredited by the Joint Commission on Accreditation of Healthcare Organizations for similar services.	*
Verification of Provider Qualifications	
Entity Responsible for Verification: The Department of Human Services	
The Department of Human Services	
Frequency of Verification:	
Every Four Years	
	//
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service	
Service Name: Supported Employment	
Provider Category:	
Agency Provider Type:	
CQL	
Provider Qualifications	
License (specify):	
Certificate (specify):	
	//
Other Standard (specify):	
An agency that is accredited by the Council on Quality and Leadership in Supports for People with Disabilities f similar services.	or
Verification of Provider Qualifications Entity Responsible for Verification:	
Iowa Department of Human Services, the Iowa Medicaid Enterprise	
Frequency of Verification:	//
Frequency of Verification: Every four years.	
Frequency of Verification: Every four years.	

Service Type: Statutory Service Service Name: Supported Employment	
**	
Provider Category: Agency Agency	
Agency Provider Type:	
CARF	
o' nu	
Provider Qualifications	
License (specify):	
Certificate (specify):	//
Certificate (specify).	
Other Standard (specify):	
An agency that is accredited by the Commission on Accreditation of Rehabilitation Facilities as an organizational employment service provider, a community employment service provider, or a provider of a similar service	*
Verification of Provider Qualifications	
Entity Responsible for Verification:	
The Department of Human Services	
T	//
Frequency of Verification:	
Every Four Years	
C-1/C-3: Provider Specifications for Service Service Type: Statutory Service Service Name: Supported Employment	
Provider Category:	
Agency Provider Type:	
CAFC	
Care	//
Provider Qualifications	
License (specify):	
Contilicate (anacifu)	//
Certificate (specify):	
Other Standard (specify):	
An agency that is accredited by the Council on Accreditation of Services for Families and Children for similar services.	\$
Verification of Provider Qualifications Entity Responsible for Verification:	11
The Department of Human Services	
Frequency of Verification:	
Every Four Years	
	//

Service Type: Statutory Service Service Name: Supported Employment	
Provider Category:	
Agency ▼	
Provider Type: ICCD	
ICCD	
Provider Qualifications	
License (specify):	
Certificate (specify):	
(1 37)	
	//
Other Standard (specify):	
An agency that is accredited by the International Center for Clu	bhouse Development.
Verification of Provider Qualifications	
Entity Responsible for Verification:	
The Department of Human Services	
Frequency of Verification:	
Every Four Years	
	//
C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are agency or the operating agency (if applicable). Service Type: Extended State Plan Service	e readily available to CMS upon request through the Medicaid
Service Title:	
Specialized Medical Equipment	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications ▼	14031 equipment and technology ▼
Category 2:	Sub-Category 2:
	v
Category 3:	Sub-Category 3:
▼	▼
Category 4:	Sub-Category 4:
▼	V

Service is	included in approved waiver. There is no change in service specifications.
Service is	included in approved waiver. The service specifications have been modified.
• Service is	not included in the approved waiver.
ervice Definition (S	cone):
specialized Medical	Equipment shall include medically necessary items for personal use by the member with a brain injury the health and safety of the member which are not ordinarily covered by Medicaid, and are not funded by
	f any) limits on the amount, frequency, or duration of this service:
	e specialized medical equipment once per month until a maximum yearly usage of \$6,366.64 per d. The yearly usage dollar amount is subject to change on an annual basis. The upper rate limits are
ervice Delivery Me	thod (check each that applies):
ParticipantProvider m	-directed as specified in Appendix E anaged
pecify whether the	service may be provided by (check each that applies):
Legally Re	sponsible Person
Relative	
Legal Guar	dian
rovider Specificatio	ons:
Described Catalana	Donald or Trans Tild.
Provider Category	Provider Type Title Retail and Wholesale businesses
Agency	I Ketan and wholesale dusinesses I
Agency	Medical Equipment and Supply dealers
Agency	Medical Equipment and Supply dealers
Agency Appendix C: Pa	Medical Equipment and Supply dealers articipant Services
Agency Appendix C: Pa	Medical Equipment and Supply dealers
Agency Appendix C: Pa	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service
Agency Appendix C: Pa C-1/C Service Type: F	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service extended State Plan Service
Agency Appendix C: Pa C-1/C Service Type: F Service Name:	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category:	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service extended State Plan Service
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service extended State Plan Service
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type:	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualification	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualification	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualification	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons):
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify)	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons):
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify)	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons):
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify)	Medical Equipment and Supply dealers articipant Services 2-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment businesses ons cify):
Agency Appendix C: Pa C-1/C Service Type: Feservice Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualification License (specify) Certificate (specify)	Medical Equipment and Supply dealers Articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment be businesses ons): (ify): It (specify): iders in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify) Certificate (specify) Other Standard Enrolled a provider supplied	Medical Equipment and Supply dealers articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment be businesses ons it (specify): iders in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and is in Iowa or in other states are eligible to participate in the program
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify) Certificate (specify) Other Standard Enrolled a provider supplied Verification of Provider Provider Standard	Medical Equipment and Supply dealers Articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment Be businesses Ons (ify): I (specify): Idealers in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and is in Iowa or in other states are eligible to participate in the program Idealer Qualifications
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify Certificate (spe Other Standare Enrolled a prov medical supplier Verification of Prov Entity Respons	Medical Equipment and Supply dealers articipant Services 2-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment be businesses ons (): (specify): defers in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and is in Iowa or in other states are eligible to participate in the program der Qualifications ible for Verification:
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualificati License (specify Certificate (spe Other Standare Enrolled a prov medical supplier Verification of Prov Entity Respons	Medical Equipment and Supply dealers Articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment Be businesses Ons (ify): I (specify): Idealers in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and is in Iowa or in other states are eligible to participate in the program Idealer Qualifications
Agency Appendix C: Pa C-1/C Service Type: Feservice Name: Provider Category: Agency Provider Type: Retail and Wholesale Provider Qualification License (specify) Certificate (specify) Certificate a provider Standard Enrolled a provider Standard The Department	Medical Equipment and Supply dealers Articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment C-5: businesses Ons (i): (i(specify): iders in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and is in Iowa or in other states are eligible to participate in the program ider Qualifications ible for Verification: t of Human Services, the Iowa Medicaid Enterprise
Agency Appendix C: Pa C-1/C Service Type: F Service Name: Provider Category: Agency Provider Type: Retail and Wholesald Provider Qualificati License (specify) Certificate (specify) Certificate a provemedical supplied Provider Response The Department	Medical Equipment and Supply dealers Articipant Services C-3: Provider Specifications for Service Extended State Plan Service Specialized Medical Equipment C-5: businesses Ons (i): (i(specify): iders in the Medicaid program. All dealers in medical equipment and appliances, prosthetic devices and is in Iowa or in other states are eligible to participate in the program ider Qualifications ible for Verification: t of Human Services, the Iowa Medicaid Enterprise

Service Name: Specialized Medical Equipment Provider Category:	
Agency ▼	
Provider Type:	
Medical Equipment and Supply dealers	
Provider Qualifications	
License (specify):	
Certificate (specify):	
441—77.10(249A) All dealers in medical equipment and appliances, prosthetic devices and medical supplies in Iowa or in other	★
Other Standard (specify):	
Enrolled as a provider in the Medicaid program	-
Verification of Provider Qualifications	11
Entity Responsible for Verification:	
The Department of Human Services, the Iowa Medicaid Enterprise	
Frequency of Verification:	
Upon enrollment and every four years	
Appendix C: Participant Services C-1/C-3: Service Specification	
C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type:	Medicaid
C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction	
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C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction:	
C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction: Financial Management Services	
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C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction: Financial Management Services V Alternate Service Title (if any): Financial Management Service - Supports the self-direction option	
C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction: Financial Management Services V Alternate Service Title (if any): Financial Management Service - Supports the self-direction option	
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C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction: Financial Management Services Alternate Service Title (if any): Financial Management Service - Supports the self-direction option HCBS Taxonomy: Sub-Category 1:	s the
State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction: Financial Management Services Alternate Service Title (if any): Financial Management Service - Supports the self-direction option HCBS Taxonomy: Category 1: Sub-Category 1: 12 Services Supporting Self-Direction 12010 financial management services in su	s the
C-1/C-3: Service Specification State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the agency or the operating agency (if applicable). Service Type: Supports for Participant Direction The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes following supports or other supports for participant direction. Support for Participant Direction: Financial Management Services Alternate Service Title (if any): Financial Management Service - Supports the self-direction option HCBS Taxonomy: Category 1: 12 Services Supporting Self-Direction Value Category 2: Sub-Category 2: Value Category 3: Value Category 4: Value Category 4:	s the
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Category 4:		Sub-Category 4:	
	▼	▼	
omplete this part for a renewal ap		t replaces an existing waiver. Select one :	
Service is included in a	oproved waiver. There is no	change in service specifications.	
	•	specifications have been modified.	
	•	specifications have been mounieu.	
Service is not included in	in the approved waiver.		
ervice Definition (Scope):			
	(FMS) is necessary for all m	embers choosing the self-direction option, and	l is available onl
4			
pecify applicable (if any) limits o			
A member who elects the consumer he member's home or at an integra		e the following services and supports, which sl	hall be provided
Service Delivery Method (check ed	uch that applies):		
Participant-directed as s	pecified in Appendix E		
Provider managed			
annify whathau the couries may b	as nucrided by (sheet each th	est applies).	
Specify whether the service may b	e provided by (check each in	an appnes):	
Legally Responsible Person	son		
Relative			
Legal Guardian			
Provider Specifications:			
Provider Category Provider	· Type Title		
	nagement Service		
· ·			
Appendix C: Participant	Services		
C-1/C-3: Provid	ler Specifications for	Service Service	
	•		
Service Type: Supports for P			
Service Name: Financial Ma	nagement Service - Support	s the self-direction option	
Provider Category:			
Agency ▼			
Provider Type:			
Financial Management Service			
Provider Qualifications			//
License (specify):			
			//
Certificate (specify):			
Other Standard (mark)			
Other Standard (specify):		d 441 IAC Chantan 77	A
The Financial Management So	ervice must meet the criteria t	inder 441 IAC Chapter //.	V
Verification of Provider Qualifica	ations		
Entity Responsible for Verifi			
Department of Human Service			
•			
Frequency of Verification:			
Every four years			
			//

C-1/C-3: Service Specification

		ions and policies referenced in the specifica ating agency (if applicable).	ition are re	eadily available to CMS upon request through the Medicaid	
	rice Type:				
As p		CFR ?440.180(b)(9), the State requests the	authority	to provide the following additional service not specified in	
	avioral Progra	nmming			
					_//
HCI	3S Taxonomy	:			
	Category 1:			Sub-Category 1:	
	10 Other M	ental Health and Behavioral Services	▼	10040 behavior support	₩
	Category 2:			Sub-Category 2:	
			▼	▼	
	Category 3:			Sub-Category 3:	
			▼	V	
	Category 4:			Sub-Category 4:	
			▼	▼	
Com		for a renewal application or a new waiver	•	~	
		e is included in approved waiver. There is			
	Service	e is included in approved waiver. The serv	vice speci	fications have been modified.	
	Service	e is not included in the approved waiver.			
Serv	rice Definition	n (Scope):			
					*
		e (if any) limits on the amount, frequency		ith the members ability to remain in the community.	//
		· · · · · · · · · · · · · · · · · · ·		vice which is subject to change on a yearly basis.	
					_//
Serv	rice Delivery I	Method (check each that applies):			
	☐ Particin	ant-directed as specified in Appendix E			
		r managed			
Spec	cify whether t	he service may be provided by (check eac	ch that app	plies):	
	Legally	Responsible Person			
	Relative	_			
	Legal G				
Prov	vider Specific	ations:			
	Provider Category		Pro	vider Type Title	_

	Agency	Mental Health Center	
la.///C./Lla	ara/kkirkna/An	D-t-////T/T/	Brain Injury Weisser 2040 Demostral Application air // A 0000 DI Weisser Bergssel Application of the

Provider Category	Provider Type Title
Agency	Mental Health Service Provider
Agency	Home Health Aide Provider
Agency	Hospice Provider
Agency	Agencies which are accredited by a department-approved, nationally-recognized accreditation organization as a specialty brain injury rehabilitation service provider.
Agency	Brain Injury Waiver Providers

	Agency	Agencies which are accredited by a department-approved, nationally-recognized accreditation organization as a specialty injury rehabilitation service provider.
	Agency	Brain Injury Waiver Providers
	l' C	
A		: Participant Services
	C-	1/C-3: Provider Specifications for Service
		e: Other Service
		ne: Behavioral Programming
	ovider Catego gency •	ory:
	ovider Type:	
Me	ental Health C	enter
Pro	vider Qualif	ications
	License (spe	
	Certificate	(specify):
		hich are certified under the community mental health center standards established by the mental health and
	_	ntal disabilities commission, set forth in 441?IAC Chapter 24
		dard (specify):
		mental health centers are eligible to participate in the medical assistance program when they comply ndards for mental health centers in the state of Iowa established by the Iowa mental health authority.
Vei		Provider Qualifications
		consible for Verification:
	The Depart	ment of Human Services, the Iowa Medicaid Enterprise
	Frequency	of Verification:
	Every four	years
Ar	pendix C	: Participant Services
	C-	1/C-3: Provider Specifications for Service
	C	Other Comits
		oe: Other Service ne: Behavioral Programming
Pro	ovider Catego	
Αç	gency •	
	ovider Type:	
Me	ental Health S	ervice Provider
Pro	vider Qualif	ications
	License (spe	ecify):
	Certificate	(specify):
	Other Stan	dard (specify):

Agencies which are accredited under the mental health service provider standards established by the mental health and disabilities commission, set forth in 441? Chapter 24, Divisions I and IV.

Verification of Provider Qualifications **Entity Responsible for Verification:** The Department of Human Services, The Iowa Medicaid Enterprise Frequency of Verification: Every four years **Appendix C: Participant Services** C-1/C-3: Provider Specifications for Service **Service Type: Other Service** Service Name: Behavioral Programming **Provider Category:** Agency **Provider Type:** Home Health Aide Provider **Provider Qualifications** License (specify): **Certificate** (specify): Home health aide providers meeting the standards set forth in subrule 77.33(3). Home health aide providers certified by Medicare shall be considered to have met these standards. Other Standard (specify): Behavioral programming providers shall be required to have experience with or training regarding the special needs of persons with a brain injury. **Verification of Provider Qualifications Entity Responsible for Verification:** The Department of Human Services, The Iowa Medicaid Enterprsie Frequency of Verification: Every four years **Appendix C: Participant Services** C-1/C-3: Provider Specifications for Service **Service Type: Other Service** Service Name: Behavioral Programming **Provider Category:** Agency **Provider Type:** Hospice Provider **Provider Qualifications** License (specify): Agencies which are licensed as meeting the hospice standards and requirements set forth in department of inspections and appeals rules 481? Chapter 53 Certificate (specify): Agencies which are certified to meet the standards under the Medicare program for hospice programs. Other Standard (specify): Behavioral programming providers shall be required to have experience with or training regarding the special needs of persons with a brain injury.

	cation of Provider Qualifications Entity Responsible for Verification:
-	The Department of Human Services, The Iowa Medicaid Enterprise
F	requency of Verification:
I	Every four years
L	
	I' C. Dant's's and Comission
p	endix C: Participant Services C-1/C-3: Provider Specifications for Service
	C-1/C-3. I Tovider Specifications for Service
	ervice Type: Other Service ervice Name: Behavioral Programming
	der Category:
er	ncy 🔻
	der Type: cies which are accredited by a department-approved, nationally-recognized accreditation organization as a specialty
	injury rehabilitation service provider.
	der Qualifications
ı	icense (specify):
(Certificate (specify):
	Other Standard (specify):
	Accreditation by a department-approved, nationally-recognized accreditation organization as a specialty brain injury rehabilitation service provider.
ifi	cation of Provider Qualifications
	Entity Responsible for Verification:
	The Department of Human Services, The Iowa Medicaid Enterprise
	requency of Verification:
I	Every four years
p	endix C: Participant Services C-1/C-3: Provider Specifications for Service
	C-1/C-3. I Tovider Specifications for Service
	ervice Type: Other Service ervice Name: Behavioral Programming
	der Category:
	ncy ▼
	der Type:
ın	Injury Waiver Providers
	der Qualifications
I	icense (specify):
	Certificate (specify):
	Providers enrolled to deliver HCBS BI Waiver services in accordance with 441 IAC Chapter 77.39
I	Providers enrolled to deliver HCBS BI Waiver services in accordance with 441 IAC Chapter 77.39 Other Standard (specify):

019	Appendix C: Wai	iver Draft IA.012.05.00 - Oct 01, 2019
Verification of Provider Qualifications		
Entity Responsible for Verification: The Department of Human Services, The	ne Iowa Medicaid Ente	erprise
Frequency of Verification:		
Every four years		
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Annual C. Davidain and Sami	_	
Appendix C: Participant Services C-1/C-3: Service Specif		
C 1/ C C C SCI / ICC S PCCI		
State laws, regulations and policies referenced agency or the operating agency (if applicable)		re readily available to CMS upon request through the Medicaid
Service Type:		
Other Service ▼		
As provided in 42 CFR ?440.180(b)(9), the St statute. Service Title:	ate requests the author	rity to provide the following additional service not specified in
Consumer Directed Attendant Care (CDAC)	unskilled	
,		,
HCBS Taxonomy:		
Category 1:		Sub-Category 1:
08 Home-Based Services	▼	08030 personal care ▼
Category 2:		Sub-Category 2:
	▼	w .
Category 3:		Sub-Category 3:
	▼	lacktriangledown
Category 4:		Sub-Category 4:
	▼	▼
Complete this part for a renewal application of	or a new waiver that re	eplaces an existing waiver. Select one :
 Service is included in approved v 	vaiver. There is no ch	ange in service specifications.
Service is included in approved v	vaiver. The service sp	pecifications have been modified.
Service is not included in the app	proved waiver.	
Service Definition (Scope):		
Consumer-directed attendant care services are		formed by a person to help a member with self-care tasks were otherwise able. Consumer-directed attendant care may



Specify applicable (if any) limits on the amount, frequency, or duration of this service:

A unit of services is 15 minutes. Services are billed in whole units. There are upper rate limits which are subject to change on a yearly basis.



Service Delivery Method (check each that applies):

- ✓ Participant-directed as specified in Appendix E
- ✓ Provider managed

Specify whether the service may be provided by (check each that applies):

- **✓** Legally Responsible Person
- **Relative**
- **✓** Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Home Care provider
Agency	Supported Community Living Provider
Agency	Chore provider
Agency	Assisted Living provider
Agency	Community Action Agency
Individual	Individual
Agency	Adult Day Care provider
Agency	Home Health Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service Service Name: Consumer Directed Attendant Care (CDAC) unskilled	
Provider Category:	
Agency ▼	
Provider Type:	
Home Care provider	
Provider Qualifications	//
License (specify):	
	//
Certificate (specify):	
Home care providers that have a contract with the department of public health or have written certification from the department of public health stating they meet the home care standards and requirements set forth in department of	+
Other Standard (specify):	
Standards	-
The authorized agency shall ensure that each individual assigned to perform home care aide services meets one of	//
Verification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa DHS- Iowa Medicaid Enterprise	,
Frequency of Verification:	//
Every four years	
	//

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Consumer Directed Attendant Care (CDAC) unskilled

Provider Category:

Agency ▼

Provider Type:

Supported Community Living Provider

Provider Qualifications

License (specify):

Certi	
	icate (specify):
	ders certified under an HCBS waiver for supported community living. orted Community Living Provider requirements are listed in 441 IAC Chapter 77.
	Standard (specify):
Provi	orted Community Living Provider requirements are listed in 441 IAC Chapter 77. ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements
	n of Provider Qualifications Responsible for Verification:
	tment of Human Services Iowa Medicaid Enterprise
Frequ	ency of Verification:
Every	four years
ppend	ix C: Participant Services C-1/C-3: Provider Specifications for Service
	re Type: Other Service re Name: Consumer Directed Attendant Care (CDAC) unskilled
	Extegory:
gency	valegory:
ovider]	vpe:
hore pro	``
	Qualifications se (specify):
Certi	icate (specify):
	AC 77.33(7)Chore providers me health agencies certified under Medicare.
a. Ho Other	me health agencies certified under Medicare. Standard (specify):
a. Ho Other Provi	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially
a. Ho Other Provi in thi erification	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially n of Provider Qualifications
a. Ho Other Provi in thi erification	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially
a. Ho Other Provi in thi crification Entity Depa	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially n of Provider Qualifications Responsible for Verification: the the third of Human Services Iowa Medicaid Enterprise ency of Verification:
a. Ho Other Provi in thi erification Entity Depa	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially n of Provider Qualifications Responsible for Verification: the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially not Provider Qualifications Responsible for Verification:
a. Ho Other Provi in thi erification Entity Depa	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially n of Provider Qualifications Responsible for Verification: the the third of Human Services Iowa Medicaid Enterprise ency of Verification:
a. Ho Other Provi in thi erification Entity Depa Frequ Every	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially n of Provider Qualifications Responsible for Verification: trunent of Human Services Iowa Medicaid Enterprise ency of Verification: four years
a. Ho Other Provi in thi erification Entity Depa Frequ Every	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially nof Provider Qualifications Responsible for Verification: thment of Human Services Iowa Medicaid Enterprise ency of Verification: four years
a. Ho Other Provi in thi erification Entity Depa Frequ Every	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially n of Provider Qualifications Responsible for Verification: trunent of Human Services Iowa Medicaid Enterprise ency of Verification: four years
a. Ho Other Provi in thi erification Entity Depa Frequ Every	me health agencies certified under Medicare. Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially in of Provider Qualifications Responsible for Verification: It ment of Human Services Iowa Medicaid Enterprise ency of Verification: four years Ex C: Participant Services C-1/C-3: Provider Specifications for Service
a. Ho Other Provi in thi erification Entity Depa Frequ Every	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially nof Provider Qualifications Responsible for Verification: thment of Human Services Iowa Medicaid Enterprise ency of Verification: four years
a. Ho Other Provi in thi erification Entity Depa Frequ Every	me health agencies certified under Medicare. Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially nof Provider Qualifications Responsible for Verification: It ment of Human Services Iowa Medicaid Enterprise ency of Verification: four years ix C: Participant Services C-1/C-3: Provider Specifications for Service et Type: Other Service
a. Ho Other Provi in thi erification Entity Depa Frequ Every	me health agencies certified under Medicare. Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially nof Provider Qualifications Responsible for Verification: It ment of Human Services Iowa Medicaid Enterprise ency of Verification: four years ix C: Participant Services C-1/C-3: Provider Specifications for Service the Type: Other Service the Type: Other Service The Name: Consumer Directed Attendant Care (CDAC) unskilled
a. Ho Other Provi in thi erification Entity Depa Frequ Every Servi Servi rovider Cagency	me health agencies certified under Medicare. Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially in of Provider Qualifications Responsible for Verification: It then to Human Services Iowa Medicaid Enterprise ency of Verification: four years ix C: Participant Services C-1/C-3: Provider Specifications for Service the Type: Other Service to Name: Consumer Directed Attendant Care (CDAC) unskilled ix teagory: y y y y y y y y y y y y
a. Ho Other Provi in thi erification Entity Depa Frequ Every Servi servi rovider Cogency rovider T	Standard (specify): ders shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially nof Provider Qualifications Responsible for Verification: truent of Human Services Iowa Medicaid Enterprise ency of Verification: four years ix C: Participant Services C-1/C-3: Provider Specifications for Service the Type: Other Service to Name: Consumer Directed Attendant Care (CDAC) unskilled category: The Author of Human Service of Provider Specifications for Service category: The Author of Human Service of Provider Specifications for Service of Name: Consumer Directed Attendant Care (CDAC) unskilled

Certificate (specify): Assisted living programs certified by the department of inspections and appeals 481 IAC Chapter 67 Initial certification process for a nonaceredited program. Other Standard (specify): Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially crification of Provider Qualifications Entity Responsible for Verification: Department of Human Services Iowa Medicaid Enterprise Frequency of Verification: Every four years Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Type: Other Service Service Type: Other Service Service Jane: Consumer Directed Attendant Care (CDAC) unskilled rovider Category: Gency y rovider Qualifications License (specify): Other Standard (specify): Certificate (specify): Certificate (specify): Certificate (specify): Certificaton of Provider Qualifications Entity Responsible for Verification: Department of Human Services Frequency of Verification: Every four years Appendix C: Participant Service C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Sume: Consumer Directed Attendant Care (CDAC) unskilled rovider Category: ndividual		
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Provider Qualifications
License (specify):

C	
	ertificate (specify):
	ther Standard (specify):
	n individual who contracts with the consumer to provide attendant care service and who is:) At least 18 years of age.
	ation of Provider Qualifications
	ntity Responsible for Verification:
	wa DSH - Iowa Medicaid Enterprise
	or CCO employees, the Financial Management Service.
	requency of Verification: very four years
E	very four years
ppe	ndix C: Participant Services
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Se	rvice Type: Other Service
Se	rvice Name: Consumer Directed Attendant Care (CDAC) unskilled
ovid	er Category:
geno	
ovid	er Type:
dult 1	Day Care provider
	ertificate (specify):
	dult day care providers that are certified by the department of inspections and appeals as being in compliance with the andards for adult day services programs adopted by the department of elder affairs at 321?Chapter 24
	ther Standard (specify):
rific	ation of Provider Qualifications
Eı	ntity Responsible for Verification:
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E ₁	ntity Responsible for Verification:

License (specify):

Certificate (specify):	
441—77.9(249A) Home health agencies. Home health agencies are eligible to participate providing they are certified to participate in the Medicare program (Title XVIII of the Social Security Act) and, unless exempted un	de
Other Standard (specify):	
Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requireme in this rule and the sub rules applicable to the individual service. Beginning January 1, 2015, providers initially	ıts
ification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa DHS - Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years	

C-1/C-3: Service Specification

State laws, regulations	and policies re	eferenced in the sp	ecification are re	adily available to	CMS upon request	through the M	1edicaid
agency or the operatin	g agency (if app	plicable).					

Service Type	:
--------------	---

Other Service

As provided in 42 CFR ?440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Family Counseling and Training Services

HCBS Taxonomy:

Category 1:		Sub-Category 1:	
10 Other Mental Health and Behavioral Services	▼	10060 counseling	▼
Category 2:		Sub-Category 2:	
, and the second	▼	▼	
Category 3:		Sub-Category 3:	
, v	V	V	
Category 4:		Sub-Category 4:	
7	▼	▼	
omplete this part for a renewal application or a new waiver t	that repla	ces an existing waiver. Select one :	
Service is included in approved waiver. There is	no chang	e in service specifications.	
Service is included in approved waiver. The serv	ice specif	ications have been modified.	
Service is not included in the approved waiver.			

Service Definition (Scope):

Family counseling and training services are face-to-face mental health services provided to the member and the family with whom the member lives



A unit of service is one 15 minute increment. There is an upper rate limit that is subject to change on a yearly basis. Payment for group counseling is based on a group rate divded by six or the actual number of members participating in the group



Service Delivery Method	(check each that applies):
-------------------------	----------------------------

Participant-directed	as	specified	in	Ap	pendix	E

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Hospice Provider
Agency	Home Health Aide
Agency	Community Mental Health Centers
Agency	Agencies which are accredited by a department-approved, nationally-recognized accreditation organization as a specialty brain injury rehabilitation service provider
Agency	Mental Health Service Provider
Individual	Qualified Brain Injury Professional

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family Counseling and Training Services

Provider Category:

Individual *

Provider Type:

Hospice Provider

Provider Qualifications

License (specify):

Providers liscensed and meeting the hospice standards and requirements set forth in the Deprtment of Inspection and Appeals rules IAC 481- chapter 53

Certificate (specify):

Providers certified to meet the standards under Medicare program for hospice programs, and that employ staff who meet the definition of qualified brain injury professional as set forth in rule 441 83.81(249A)

Other Standard (specify):

Providers shall be eligible to participate in the Medicaid brain injury waiver program if they meet the requirements in this rule and the subrules applicable to the individual service. Beginning January 1, 2015, providers initially



Verification of Provider Qualifications

Entity Responsible for Verification:

Iowa Department of Human Services, the Iowa medicaid Enterprise

Frequency of Verification:

Every four years

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family Counseling and Training Services

Provider Category:	
Agency ▼	
Provider Type:	
Home Health Aide	
Provider Qualifications	//
License (specify):	
	_//
Certificate (specify):	
Other Standard (specify):	//
Home health aide providers certified by Medicare.	
	//
Verification of Provider Qualifications	
Entity Responsible for Verification:	
DHS, Iowa Medicaid Enterprise	
Frequency of Verification:	/,
Every four years.	
Every four years.	
Service Type: Other Service	
Service Name: Family Counseling and Training Services	
Provider Category:	
Agency ▼	
Provider Type:	
Community Mental Health Centers	
Provider Qualifications	/,
License (specify):	
	/.
Certificate (specify):	
Providers certified as Community Mental Health Centers established by the MH/DD commission set forth in 441	*
IAC Chapter 24, Divisions I and II, and that employ staff to provide family counseling and training who meet the	/.
Other Standard (specify):	
Providers for the services set forth in sub rules 24.4(9) through 24.4(13) shall meet the standards in sub rules 24.4(1) through 24.4(8) in addition to the standards for the specific service. Providers of outpatient psychotherapy and	~
Verification of Provider Qualifications	/.
Entity Responsible for Verification:	
The Iowa Department of Human Services, the Iowa Medicaid Enterprise	
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Frequency of Verification:	
Every four years	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	_
Service Type: Other Service	

Service Name: Family Counseling and Training Services

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	cies which are accredited by a department-approved, nationally-recognized accreditation organization as a specialty injury rehabilitation service provider
	der Qualifications License (specify):
(Certificate (specify):
	Other Standard (specify):
	Accredited by a department-approved, nationally-recognized accreditation organization as a specialty brain injury rehabilitation service provider
	cation of Provider Qualifications Entity Responsible for Verification:
	The Department of Human Services, The Iowa Medicaid Enterprise
1	Frequency of Verification:
	Every four years
nn	endix C: Participant Services
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	C-1/C-3: Provider Specifications for Service
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	Service Type: Other Service
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ovi ge	Service Type: Other Service Service Name: Family Counseling and Training Services der Category: ncy The service of the se
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Service Type: Other Service

Service Name: Family Counseling and Training Services

Provider Category: Individual The state of the state	
Provider Type:	
Qualified Brain Injury Professional	
Provider Qualifications	
License (specify):	
Certificate (specify):	
Meet the definition of qualified brian injury professional as se	et forth in rule IAC 441- 83.81 (249A)
1 3 3 1	
Other Standard (specify):	
"Qualified brain injury professional" means one of the follow licensure or certification requirements for the profession as re-	
Verification of Provider Qualifications	quired in the state of fowa and who has two
Entity Responsible for Verification:	
The Iowa Department of Human Services, the Iowa Medicaid	Enterprise
Euggnamay of Wariff agtion.	
Frequency of Verification: Every four years	
Every four years	
State laws, regulations and policies referenced in the specification at agency or the operating agency (if applicable). Service Type: Other Service As provided in 42 CFR ?440.180(b)(9), the State requests the authoristatute. Service Title: Home and Vehicle Modification	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations •
Category 2:	Sub-Category 2:
▼	v
Category 3:	Sub-Category 3:
▼	▼
Category 4:	Sub-Category 4:
▼	▼

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.				
Service is not included in the approved waiver.				
Samina Definition (Scana)				
Service Definition (Scope): Covered home and vehicle modifications are those physical modifications to the member?s home or vehicle listed below that directly address the member?s medical or remedial need. Covered modifications must be necessary to provide for the health,				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
There is an annual limit established for this service which is subject to change on a yearly basis. Only the following modifications are covered:				
Service Delivery Method (check each that applies):				
 ✓ Participant-directed as specified in Appendix E ✓ Provider managed 				
Specify whether the service may be provided by (check each that applies):				
Legally Responsible Person Relative Legal Guardian Provider Specifications:				
Provider Category Provider Type Title				
Agency Agency				
Agency Community Business				
Agency Provider				
Appendix C: Participant Services				
C-1/C-3: Provider Specifications for Service				
Service Type: Other Service Service Name: Home and Vehicle Modification				
Provider Category:				
Agency •				
Provider Type:				
Agency				
Provider Qualifications				
License (specify):				
Contificate (marifal)				
Certificate (specify): Providers meeting the requirements of 441 IAC Chapter 77.				
1 Tovidets inceeding the requirements of 441 face chapter 77.				
Other Standard (specify):				
Providers eligible to participate as home and vehicle modification providers under the elderly or health and disability waiver, enrolled as home and vehicle modification providers under the physical				
Verification of Provider Qualifications				
Entity Responsible for Verification:				
The Iowa Department of Human Services, the Iowa Medicaid Enterprise				
Frequency of Verification:				
Every four years				

C-1/C-3: Provider Specifications for Service

Service Type: Other Service Service Name: Home and Vehicle Modifi	cation
Provider Category:	
Agency ▼	
Provider Type:	
Community Business	
Provider Qualifications	
License (specify):	
Certificate (specify):	/
Other Standard (specify):	
	that have all necessary licenses and permits to operate in conformity
	lations and that submit verification of current liability and workers?
Verification of Provider Qualifications	
Entity Responsible for Verification:	
Department of Human Services, the Iowa N	Mediciad Enterprise
Frequency of Verification:	
Every four years	
C-1/C-3: Provider Specif	
Service Name: Home and Vehicle Modific	cation
Provider Category:	
Agency Provider Type:	
Provider Type.	
The video	
Provider Qualifications	
License (specify):	
Certificate (specify):	
Certificate (speegy).	
Other Standard (specify):	
waiver, enrolled as home and vehicle modi	nd vehicle modification providers under the elderly or ill and handicapped fication providers under the physical disability waiver, or certified as
Verification of Provider Qualifications	
Entity Responsible for Verification:	the Java Madigaid Enterprise
The Iowa Department of Human Services,	the lowa intedicate Efficiencia
Frequency of Verification:	//
Every four years	

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are r	readily available to CMS upon request through the Medicaid
agency or the operating agency (if applicable).	
Service Type:	
Other Service	
As provided in 42 CFR ?440.180(b)(9), the State requests the authority	to provide the following additional service not specified in
statute. Service Title:	
Independent Support Broker - Consumer Choices Option	
independent Support Broker - Consumer Choices Option	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:
12 Services Supporting Self-Direction	12020 information and assistance in support of self-direction
Category 2:	Sub-Category 2:
▼	▼
Category 3:	Sub-Category 3:
▼	▼
Category 4:	Sub-Category 4:
▼	▼
Complete this part for a renewal application or a new waiver that replace	aces an existing waiver. Select one:
 Service is included in approved waiver. There is no change 	ge in service specifications.
Service is included in approved waiver. The service speci	fications have been modified.
Service is not included in the approved waiver.	
Service Definition (Scope):	
Independent Support Brokerage service is necessary for all members w	who chose the self-direction ontion. This is a service that is
included in the member's Budget. The Independent Support Brokerage	will be chosen and hired by the member. The ISB will
Specify applicable (if any) limits on the amount, frequency, or dura	
This service is necessary for members who choose the self-direction of first initiates the self-direction option, the Independent Support Broker	
Service Delivery Method (check each that applies):	
Doutisinant divested as specified in Annuadis E	
Provider managed	
Provider managed	
Specify whether the service may be provided by (check each that approximately service)	plies):
Legally Responsible Person	
Relative	
Legal Guardian	
Provider Specifications:	
Dusyidan Catagory Dusyidan Tyna Titla	

Individual Support Broker Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service Service Name: Independent Support Broker - Consumer C	Phoiose Ontion
Provider Category:	noices Option
Individual ▼	
rovider Type:	
ndividual Support Broker	
rovider Qualifications	
License (specify):	
Certificate (specify):	
Other Standard (specify):	//
Members who elect the consumer choices option shall work w	rith an independent support broker who meets the
following qualifications.	//
Verification of Provider Qualifications Entity Responsible for Verification:	
Iowa Department of Human Services- Iowa Medicaid Enterpri	ise
Frequency of Verification:	X 1 1 1 0 P 1
Once initially trained, the Individual Support Broker is placed maintained at the Iowa Department of Human Services Iowa N	
tate laws, regulations and policies referenced in the specification are gency or the operating agency (if applicable).	e readily available to CMS upon request through the Medicaid
ervice Type: Other Service	
us provided in 42 CFR ?440.180(b)(9), the State requests the author tatute.	ity to provide the following additional service not specified in
nterim Medicial Monitoring and Treatment (IMMT)	
ICBS Taxonomy:	
Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services ▼	11010 health monitoring
Category 2:	Sub-Category 2:
▼	▼
Category 3:	Sub-Category 3:
▼	▼
Category 4:	Sub-Category 4:
▼	▼
▼	

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:	
Service is included in approved waiver. There is no change in service specifications.	
Service is included in approved waiver. The service specifications have been modified.	
Service is not included in the approved waiver.	
Service Definition (Scope):	
Interim medical monitoring and treatment services. Interim medical monitoring and	
treatment (IMMT) services are monitoring and treatment of a medical nature for children or adults	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
A maximum of 48 15 min units are available per day. The is an upper rate limit for the service which is subject to c basis.	hange on a ye
Service Delivery Method (check each that applies):	
Participant-directed as specified in Appendix E	
Specify whether the service may be provided by (check each that applies):	
☐ Legally Responsible Person ☐ Relative	
Legal Guardian	
Provider Specifications:	
Provider Category Provider Type Title	
Agency Supported Community Living provider Agency Child Care Facility	
Agency Home Health Agency	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Comics Toron Other Comics	
Service Type: Other Service Service Name: Interim Medicial Monitoring and Treatment (IMMT)	
Provider Category:	
Agency ▼	
Provider Type:	
Supported Community Living provider	
Provider Qualifications	
License (specify):	
Certificate (specify):	
Supported community living providers certified according to subrule 77.37(14) or 77.39(13).	
Other Standard (specify):	//
Staff members providing interim medical monitoring and treatment services	▼
to members shall meet all of the following requirements:	//
Verification of Provider Qualifications Entity Responsible for Verification:	
Department of Human Services, Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years	

C-1/C-3: Provider Specifications for Service

Service Type: Other Service Service Name: Interim Medicial Monitoring and Treatment (IMMT)	
Provider Category:	
Agency ▼	
Provider Type:	
Child Care Facility	
Provider Qualifications	//
License (specify):	
Certificate (specify):	
Child care facilities, which are defined as child care centers, preschools, or child development	
homes registered pursuant to 441?Chapter 110.	
Other Standard (specify):	
Staff members providing interim medical monitoring and treatment services	<u></u>
to members shall meet all of the following requirements: Verification of Provider Qualifications	
Entity Responsible for Verification:	
Department of Humans Services, the Iowa Medicaid Enterprise	
	//
Frequency of Verification:	
Every four years	
Appendix C: Participant Services C-1/C-3: Provider Specifications for Service	
Service Type: Other Service Service Name: Interim Medicial Monitoring and Treatment (IMMT)	
Provider Category:	
Agency ▼	
Provider Type:	
Home Health Agency	
Provider Qualifications	
License (specify):	
Certificate (specify):	
441—77.9(249A) Home Health agencies certified to participate in the Medicare program.	
Other Standard (specify):	
Staff members providing interim medical monitoring and treatment services	_
to members shall meet all of the following requirements:	
Verification of Provider Qualifications Entity Pospossible for Verifications	
Entity Responsible for Verification: Department of Humans Services Iowa Medicaid Enterprise	
Department of Humans Services fowa intedicated Enterprise	/.
Frequency of Verification:	
Every four years	
	//

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification ar	e readily available to CMS upon request through the Medicaid
agency or the operating agency (if applicable).	J 1 1 5
Service Type:	
Other Service	
As provided in 42 CFR ?440.180(b)(9), the State requests the author.	ity to provide the following additional service not specified in
statute.	
Service Title:	
Personal Emergency Response System or Portable Locator System	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications ▼	14010 personal emergency response system (PERS) ▼
Category 2:	Sub-Category 2:
▼	•
Category 3:	Sub-Category 3:
▼	v
Category 4:	Sub-Category 4:
▼	▼
Complete this part for a renewal application or a new waiver that re	
Service is included in approved waiver. There is no cha	ange in service specifications.
 Service is included in approved waiver. The service speed 	ecifications have been modified.
Service is not included in the approved waiver.	
Service Definition (Scope):	
A personal emergency response system is an electronic device that t	ransmits a signal to a central
monitoring station to summon assistance in the event of an emergen	"//
Specify applicable (if any) limits on the amount, frequency, or du	
A unit of service is a one time installation fee or month of service. N	
installation and 12 months of service. The member's plan of care wi	ill address now the member's health care needs are met.
Service Delivery Method (check each that applies):	
Participant-directed as specified in Appendix E	
Specify whether the service may be provided by (check each that	applies):
Legally Responsible Person	
Relative	
Legal Guardian	
Provider Specifications:	
-	

Provider Category Provider Type Title

Agency

Agency

C-1/C-3: Provider Specifications for Ser	vice
Service Type: Other Service	
Service Name: Personal Emergency Response System or Por	table Locator System
Provider Category:	
Agency ▼	
Provider Type:	
Agency	
Provider Qualifications	
License (specify):	
Certificate (specify):	//
(4)	
	//
Other Standard (specify):	. 1.1.1
The agency shall provide an electronic component to transmit a equipment over telephone lines to a central monitoring station.	
Verification of Provider Qualifications	
Entity Responsible for Verification:	
The Iowa Department of Human Services, the Iowa Medicaid E	nterprise
Frequency of Verification:	
Every four years	
	//
Appendix C: Participant Services	
C-1/C-3: Service Specification	
State laws, regulations and policies referenced in the specification are agency or the operating agency (if applicable). Service Type:	readily available to CMS upon request through the Medicaid
Other Service	
As provided in 42 CFR ?440.180(b)(9), the State requests the authorit	y to provide the following additional service not specified in
statute. Service Title:	
Self Directed Community Support and Employment	
HCBS Taxonomy:	
Category 1:	Sub-Category 1:
17 Other Services ▼	17010 goods and services ▼
Category 2:	Sub-Category 2:
▼	V
Category 3:	Sub-Category 3:
▼	▼

Category 4:	Sub-Category 4:
	▼ ▼
Complete this part for a renewal application or a n	ew waiver that replaces an existing waiver. Select one:
Service is included in approved waive	r. There is no change in service specifications.
 Service is included in approved waive 	r. The service specifications have been modified.
Service is not included in the approve	d waiver.
Service Definition (Scope):	
	t are services that support the member in developing and maintaining ervices must be identified in the member's service plan developed by the
Specify applicable (if any) limits on the amount,	frequency, or duration of this service:
Limits Community support and employment services mus	st be identified on the individual budget plan. The individual budget limit will
Service Delivery Method (check each that applies	<i>)</i> :
Participant-directed as specified in Ap	pendix E
Provider managed	
Specify whether the service may be provided by	(check each that applies):
Legally Responsible Person	
Relative	
✓ Legal Guardian Provider Specifications:	
1 Tovider Specifications.	
Provider Category Provider Type Title	
Individual Business Individual Individual	
Appendix C: Participant Services	
C-1/C-3: Provider Specific	ations for Service
Service Type: Other Service	
Service Name: Self Directed Community Se	upport and Employment
Provider Category:	
Individual V Provider Type:	
Business	
Provider Qualifications License (specify):	
An individual providing individual-directed g	goods and services shall have all the necessary licenses required by d driver's license if providing transportation. The type of license
Certificate (specify):	
Other Standard (specify):	
member the ability to successfully communic	at least 18 years of age. All persons must be able to demonstrate to the cate with the member. Individuals and businesses providing services and
Verification of Provider Qualifications Entity Responsible for Verification:	
The individual, Individual Support Broker an	d the Financial Management Service
Frequency of Verification:	

C-	1/C-3: Provider Specifications for Service	
	e: Other Service	
vider Catego	ne: Self Directed Community Support and Employment	
ividual ▼	-,-	
vider Type:		
vidual		,
vider Qualifi	cations	_//
License (spe		
	al providing individual-directed goods and services shall have all the necessary licenses required by e, and local laws, including a valid driver's license if providing transportation. The type of license	\$
Certificate ((specify):	
Other Stand	dard (specify):	_//
	providing these services must be at least 18 years of age. All persons must be able to demonstrate to the ability to successfully communicate with the member. Individuals and businesses providing services and	*
	rovider Qualifications onsible for Verification:	
The membe	r, the Independent Support Broker and the Financial Management Service.	
Frequency of	of Verification:	_//
	years. The member retains the employer authority	
		/

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid
agency or the operating agency (if applicable).
Coursing Terms

Service Type:	
Other Service V	
As provided in 42 CFR ?440.180(b)(9), the State requests the authority to provide the following additional	service not specified in
statute.	
Service Title:	
Self Directed Goods and Services	
	//
HCRS Tavanamy	

HCBS Taxonomy:

Category 1:	Sub-Category 1:
17 Other Services ▼	17010 goods and services ▼
Category 2:	Sub-Category 2:

Category 3:	Sub-Category 3:
▼	▼
Category 4:	Sub-Category 4:
▼	▼
omplete this part for a renewal application or a new waiver that rep	places an existing waiver. Select one :
Service is included in approved waiver. There is no cha	ange in service specifications.
Service is included in approved waiver. The service spe	ecifications have been modified.
Service is not included in the approved waiver.	
ervice Definition (Scope):	
ndividual-directed goods and services are services, equipment, or sunat address an assessed need or goal identified in the member's serv	
pecify applicable (if any) limits on the amount, frequency, or du	ration of this service:
ndividual directed goods and services must be documented on the ir on the service plan and the need for the services available to be conv	
ervice Delivery Method (check each that applies):	
 Participant-directed as specified in Appendix E Provider managed 	
pecify whether the service may be provided by (check each that a	applies):
✓ Legally Responsible Person	
Relative	
Legal Guardian	
rovider Specifications:	
Provider Category Provider Type Title Individual Business	
Individual Individual	
Appendix C: Participant Services	wise.
C-1/C-3: Provider Specifications for Ser	rvice
Service Type: Other Service Service Name: Self Directed Goods and Services	
Provider Category:	
Individual ▼	
Provider Type:	
Business	
Provider Qualifications	
License (specify):	
An individual providing individual-directed goods and services	s shall have all the necessary licenses required by
	if providing transportation. The type of license
federal, state, and local laws, including a valid driver's license Certificate (specify):	if providing transportation. The type of license
federal, state, and local laws, including a valid driver's license	if providing transportation. The type of license
federal, state, and local laws, including a valid driver's license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 18 years of member the ability to perform the task or tasks hire to perform.	of age. All persons must be able to demonstrate to the
federal, state, and local laws, including a valid driver's license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 18 years of	of age. All persons must be able to demonstrate to the

Every four years		-
		_//
ppendix C: Participant Services C-1/C-3: Provider Specifications for Services	20	
C-1/C-3. I Tovider Specifications for Service	C	
Service Type: Other Service		
Service Name: Self Directed Goods and Services		
ovider Category: dividual 🔻		
ovider Type:		
lividual		
ovider Qualifications		//
License (specify):		
An individual providing individual-directed goods and services sha federal, state, and local laws, including a valid driver's license if pro-		-
Certificate (specify):	oviding transportation. The type of ficense	11
certificate (specify).		
		//
Other Standard (specify): All persons providing these services must be at least 18 years of agr	All parsage must be able to demonstrate to the	
member the ability to perform the task or tasks hire to perform. All		V
rification of Provider Qualifications	•	
Entity Responsible for Verification:		
The member, the independent support broker and the financial man	agement service	
Frequency of Verification:		
Every four years. The member retains the employer authority		
		//
		//
		//
		//
pendix C: Participant Services		//
		//
opendix C: Participant Services C-1/C-3: Service Specification		
pendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are real	dily available to CMS upon request through the M	Medicai
pendix C: Participant Services C-1/C-3: Service Specification The laws, regulations and policies referenced in the specification are realized or the operating agency (if applicable). The vice Type:	dily available to CMS upon request through the M	Medicai
pendix C: Participant Services C-1/C-3: Service Specification The laws, regulations and policies referenced in the specification are realney or the operating agency (if applicable). The vice Type: There Service		
pendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are reancy or the operating agency (if applicable). vice Type: her Service provided in 42 CFR ?440.180(b)(9), the State requests the authority to		
pendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are realney or the operating agency (if applicable). vice Type: her Service provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute.		
opendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are reacces or the operating agency (if applicable). vice Type:		
pendix C: Participant Services C-1/C-3: Service Specification The laws, regulations and policies referenced in the specification are realized or the operating agency (if applicable). The vice Type: Ther Service Provided in 42 CFR ?440.180(b)(9), the State requests the authority to the course. The vice Title:		
pendix C: Participant Services C-1/C-3: Service Specification The laws, regulations and policies referenced in the specification are realney or the operating agency (if applicable). The vice Type: Ther Service Provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute. The vice Title: The Directed Personal Care - Consumer Choices Option		
ppendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are reancy or the operating agency (if applicable). vice Type: her Service provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute. vice Title:		
pendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are realney or the operating agency (if applicable). vice Type: her Service provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute. vice Title: f Directed Personal Care - Consumer Choices Option BS Taxonomy:	provide the following additional service not spec	
pendix C: Participant Services C-1/C-3: Service Specification The laws, regulations and policies referenced in the specification are realized or the operating agency (if applicable). Vice Type: Ther Service provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute. Vice Title: f Directed Personal Care - Consumer Choices Option BS Taxonomy:	provide the following additional service not spec	
pendix C: Participant Services C-1/C-3: Service Specification The laws, regulations and policies referenced in the specification are realized or the operating agency (if applicable). The vice Type: Ther Service Provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute. The vice Title: The Directed Personal Care - Consumer Choices Option BS Taxonomy:	provide the following additional service not spec	
ppendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification are reancy or the operating agency (if applicable). vice Type: her Service provided in 42 CFR ?440.180(b)(9), the State requests the authority to ute. vice Title: If Directed Personal Care - Consumer Choices Option BS Taxonomy: Category 1: 08 Home-Based Services	provide the following additional service not spec	

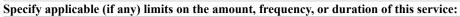
Service is included in approved waiver. There is no change in service specifications. Service is included in approved waiver. The service specifications have been modified. Service is not included in the approved waiver. Ervice Definition (Scope): clf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or ormunity that they would normally do themselves if they did not have a disability; activities of daily living and incidental neetly applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount hall be established for each member based on the assessed needs of the member and based on the services and supports service Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider managed pecify whether the service may be provided by (check each that applies): Legally Responsible Person Relative Legal Guardian rovider Specifications: Provider Category Provider Type Title Individual Individual Individual Individual Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option rovider Category: individual rovider Type: Business	Category 3:		Sub-Category 3:
pomplete this part for a renewal application or a new waiver that replaces an existing waiver. Select one: Service is included in approved waiver. The service specifications. Service is included in approved waiver. The service specifications have been modified. Service is included in the approved waiver. Service pefinition (Scope): elf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or ommunity that they would normally do themselves if they did not have a disability; activities of daily living and incidental poetly applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount hall be established for each member based on the assessed needs of the member and based on the services and supports errice Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider Method (check each that applies): Legally Responsible Person Relative Legally Responsible Person Relative Legally Responsible Person Relative Legal Guardian rovider Tategory Provider Type Little Individual Business Individual Individual Individual Individual Appendix C: Participant Services Service Type: Other Service Service Type: Other Service Service Type: Other Service Service Type: Other Service Service Individual Providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the \$\frac{1}{2}\$		▼	▼
Service is included in approved waiver. There is no change in service specifications. Service is included in approved waiver. There is no change in service specifications. Service is included in approved waiver. The service specifications have been modified. Service is not included in the approved waiver. Service Definition (Scope): elf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or formunity that they would normally do themselves if they did not have a disability; activities of daily living and incidental seedify applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount tall be established for each member based on the assessed needs of the member and based on the services and supports arrive Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider managed perify whether the service may be provided by (check each that applies): Pervider Responsible Person Relative Legally Responsible Person Relative Legal Guardian rovider Specifications: Provider Category Provider Type Title Individual Rusiness Individual Individual Lindividual Individual Lindividual Individual Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Name: Self Directed Personal Care - Consumer Choices Option rovider Type: Rusiness rovider Qualifications License (specify): Other Standard (specify): All persons providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	Category 4:		Sub-Category 4:
Service is included in approved waiver. There is no change in service specifications. Service is included in approved waiver. The service specifications have been modified. Service is not included in the approved waiver. Price Definition (Scope): Elf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or originally applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount hall be established for each member based on the assessed needs of the member and based on the services and supports ervice Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider managed Decity whether the service may be provided by (check each that applies): Legally Responsible Person Relative Legal Guardian Provider Category Provider Type Title Individual Business Individual Individual Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option rovider Category: rovider Qualifications License (specifi): Other Standard (specifi): All persons providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specifi): Other Standard (specifi): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the			
Service is included in approved waiver. The service specifications have been modified. Service is not included in the approved waiver. Bervice Definition (Scope): elf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or ornmunity that they would normally do themselves if they did not have a disability, activities of daily living and incidental needity applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount hall be established for each member based on the assessed needs of the member and based on the services and supports service Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider managed pecify whether the service may be provided by (check each that applies): Legally Responsible Person Relative Legally Responsible Person Relative Legal Guardian rovider Specifications: Provider Category Provider Type Title Individual Individual Basiness Individual Individual Individual Torvider Specifications for Service Service Type: Other Service An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the \$\frac{1}{2}\$			
Service is not included in the approved waiver. ervice Definition (Scope): elf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or ommunity that they would normally do themselves if they did not have a disability, activities of daily living and incidental pecify applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount hall be established for each member based on the assessed needs of the member and based on the services and supports service Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider managed pecify whether the service may be provided by (check each that applies): Legally Responsible Person Relative Legal Guardian rovider Specifications: Provider Category Provider Type Title Individual Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Individual Providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the \$\frac{1}{2}\$	 Service is included in approved waiv 	er. There is no ch	ange in service specifications.
ervice Definition (Scope): elf-directed personal care services are services and/or goods that provide a range of assistance in the member's home or ommunity that they would normally do themselves if they did not have a disability; activities of daily living and incidental pecify applicable (if any) limits on the amount, frequency, or duration of this service: elf-directed personal care services need to be identified on the individual budget plan. A monthly individual budget amount hall be established for each member based on the assessed needs of the member and based on the services and supports ervice Delivery Method (check each that applies): Participant-directed as specified in Appendix E Provider managed pecify whether the service may be provided by (check each that applies): Legally Responsible Person Relative Legal Guardian rovider Specifications: Provider Category Provider Type Title Individual Individual Individual Individual Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Type: Other Service Service Type: Other Service Service Type: Other Service Service Type: Undividual * rovider Type: Business rovider Type: Business rovider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the The service of this provider of the member and substitutes a review of the member and substitutes and support and suppor	 Service is included in approved waive 	er. The service sp	ecifications have been modified.
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Provider Category Provider Type Title Individual Business Individual In			
Provider Category Provider Type Title Individual Business Individual Individual Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option rovider Category: Individual Provider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the			
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Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option rovider Category: Individual Indiv			
Appendix C: Participant Services C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option Provider Category: Individual * Individual * Individual * Individual * Individual * Individual * Individual Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the			
C-1/C-3: Provider Specifications for Service Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option Provider Category: Individual Provider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the			
Service Type: Other Service Service Name: Self Directed Personal Care - Consumer Choices Option Provider Category: Individual Provider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	Appendix C: Participant Services		
Service Name: Self Directed Personal Care - Consumer Choices Option Provider Category: Individual * Provider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	C-1/C-3: Provider Specifi	cations for Se	rvice
Service Name: Self Directed Personal Care - Consumer Choices Option Provider Category: Individual * Provider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	Coursian Trumos Othors Coursian		
rovider Category: Individual ▼ Provider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the		re - Consumer Cho	oices Option
Individual various revider Type: Business Provider Qualifications License (specify): An individual providing individual-directed goods and services shall have all the necessary licenses required by federal, state, and local laws, including a valid driver's license if providing transportation. The type of license Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	Provider Category:		•
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Certificate (specify): Other Standard (specify): All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	An individual providing individual-directed		
All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the			
All persons providing these services must be at least 16 years of age. All persons must be able to demonstrate to the	Other Standard (specific)		
		ne at least 16 years	of age. All persons must be able to demonstrate to the

Entity Responsible for Verification:

Frequency of Verification:		//
D D W		
Every Four Years		
opendix C: Participant Services C-1/C-3: Provider Specifications for	Service	
Service Type: Other Service Service Name: Self Directed Personal Care - Consumer	Choices Option	
ovider Category: dividual ▼		
ovider Type:		
dividual		
ovider Qualifications License (specify):		
An individual providing individual-directed goods and ser federal, state, and local laws, including a valid driver's lice	vices shall have all the necessary licenses required by	‡
Certificate (specify):		
Other Standard (specify):		//
All persons providing these services must be at least 16 ye consumer the ability to successfully communicate with the		A
rification of Provider Qualifications Entity Responsible for Verification:	, ,	//]
The member and the Independent Support Broker and the	Financial Management Service.	
		_//
Frequency of Verification:		
Frequency of Verification: Every four years, the member retains the employer author	rity	//
Every four years, the member retains the employer author	rity	<u>//</u>
Every four years, the member retains the employer author ppendix C: Participant Services C-1/C-3: Service Specification ate laws, regulations and policies referenced in the specification ency or the operating agency (if applicable). rvice Type: ther Service	on are readily available to CMS upon request through the Me	
Every four years, the member retains the employer author ppendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification ency or the operating agency (if applicable). rvice Type:	on are readily available to CMS upon request through the Me	
Every four years, the member retains the employer author ppendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification ency or the operating agency (if applicable). rvice Type: ther Service provided in 42 CFR ?440.180(b)(9), the State requests the autute.	on are readily available to CMS upon request through the Me	
Every four years, the member retains the employer author ppendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification ency or the operating agency (if applicable). rvice Type: ther Service provided in 42 CFR ?440.180(b)(9), the State requests the author. rvice Title: pported Community Living	on are readily available to CMS upon request through the Me	
Every four years, the member retains the employer author ppendix C: Participant Services C-1/C-3: Service Specification te laws, regulations and policies referenced in the specification ency or the operating agency (if applicable). rvice Type: ther Service provided in 42 CFR ?440.180(b)(9), the State requests the author. rvice Title:	on are readily available to CMS upon request through the Me	

Category 2:	Sub-Category 2:
02 Round-the-Clock Services	02023 shared living, other
Category 3:	Sub-Category 3:
02 Round-the-Clock Services	▼ 02031 in-home residential habilitation
Category 4:	Sub-Category 4:
Complete this part for a renewal application or a new waiver	
Service is included in approved waiver. There is	
Service is included in approved waiver. The serv	ice specifications have been modified.
Service is not included in the approved waiver.	·
Service Definition (Scope):	
Supported community living services are provided by the pro-	vider within the member's home and community, according to the Available components of the service are personal and home skills
Specify applicable (if any) limits on the amount, frequency	or duration of this service:
A unit of service is: (1) One full calendar day when a member residing in the livin	g unit receives on-site staff supervision for 8 or more hours per day
•	g unit receives on site sum supervision for 0 of more nours per day
Service Delivery Method (check each that applies):	
Participant-directed as specified in Appendix EProvider managed	
Specify whether the service may be provided by (check each	h that applies):
✓ Legally Responsible Person	
№ Relative	
Legal Guardian	
Provider Specifications:	
Provider Category Provider Type Title	
Agency Provider	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for	or Service
Service Type: Other Service Service Name: Supported Community Living	
Provider Category:	
Agency ▼	
Provider Type:	
Provider	
Provider Qualifications License (specify):	77)
Providers of services meeting the definition of foster car applicable 441? Chapters 108, 112, 114, 115, and 116.	re shall also be licensed according to
Certificate (specify):	11. 1. 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Providers shall meet the outcome-based standards set for evaluated according to subrules 77.39(8) to 77.39(10), a	
Other Standard (specify):	1 to the second sec
in this rule and the subrules applicable to the individual	brain injury waiver program if they meet the requirements service. Beginning January 1, 2015, providers initially

2019	Appendix C: Waiver Draft IA.012.05.00 - Oct 01, 2019			
Veri	ification of Provider Qualifications			
	Entity Responsible for Verification: Iowa Department of Human Services Iowa Me	edicaid Enterpris	e e	
	Frequency of Verification:			
	Every four years			
App	pendix C: Participant Services			
	C-1/C-3: Service Specification	on		
Serv Oth As pr	cy or the operating agency (if applicable). rice Type: her Service rovided in 42 CFR ?440.180(b)(9), the State require.		ity to provide the following additional service not specified in	
	rice Title:			
Han	isportation			
НСВ	3S Taxonomy:			
	Category 1:		Sub-Category 1:	
	15 Non-Medical Transportation	▼	15010 non-medical transportation ▼	
	Category 2:		Sub-Category 2:	
		▼	•	
	Category 3:		Sub-Category 3:	
		▼	▼	
	Category 4:		Sub-Category 4:	
		▼	v	
Com	plete this part for a renewal application or a new	w waiver that re	places an existing waiver. Select one :	
	 Service is included in approved waiver. 	There is no cha	ange in service specifications.	
	Service is included in approved waiver.	The service sp	ecifications have been modified.	
	Service is not included in the approved	waiver.		
Sorv	rice Definition (Scope):			
		ers to conduct by	isiness errands and essential shopping, to travel to and from	
			ssible, family, neighbors, friends, or community agencies that	



A unit of service is either per mile, per trip. Transportation may not be reimbursed simultaneously with any other transportation service and may not be duplicative of any transportation service provided under the State plan.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- **Relative**
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Nursing Facilities
Agency	Area Agency on Aging
Agency	Regional Transit Agency
Agency	Non-Emergency Medical Transporation Provider contracted with the NEMT Broker
Agency	Community Action Agency
Agency	Transportation Provider
Agency	HCBS Provider Agencies

Appendix C: Participant Services

Service Type: Other Service Service Name: Transportation	
Provider Category:	
Agency ▼	
Provider Type:	
Nursing Facilities	
Provider Qualifications	//
License (specify):	
Nursing facilities are licensed by the Department of Inspections and Appeals under 481 IAC Chapters 58, and 61.	
Certificate (specify):	
Other Standard (specify):	
77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services.	
Verification of Provider Qualifications Entity Responsible for Verification:	
Iowa Department of Human Services, the Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years	
Appendix C: Participant Services C-1/C-3: Provider Specifications for Service	
Service Type: Other Service Service Name: Transportation	
-	
Provider Category: Agency	
Provider Type:	
Area Agency on Aging	
Provider Qualifications License (specify):	//

Certificate (specify):	
Area agencies on aging as designated in 17 IAC ?4.4(231): Any entity applying for designation as an area agency aging must have the capacity to perform all functions of an area agency on aging as outlined in the Older America	
Other Standard (specify):	
77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services.	
rification of Provider Qualifications Entity Responsible for Verification:	
The Iowa Department of Human Services, the Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years.	
ppendix C: Participant Services C-1/C-3: Provider Specifications for Service	_
Service Type: Other Service Service Name: Transportation	
rovider Category:	
gency v	
ovider Type:	
egional Transit Agency	
rovider Qualifications License (specify):	
Certificate (specify):	
As designated by the Iowa Department of Transportation in the Code of Iowa 28M.	
Other Standard (specify):	
77.37(24) Transportation service providers. The following providers may provide transportation:	
a. Accredited providers of home- and community-based services.	
rification of Provider Qualifications Entity Responsible for Verification:	
The Iowa Department of Human Services, the Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years.	
ppendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Service Type: Other Service Service Name: Transportation	
covider Category:	
agency V	
ovider Type:	
on-Emergency Medical Transporation Provider contracted with the NEMT Broker	

License (specify):

Certificate (specify):	
441 IAC 77.39(18)	
Other Standard (specify):	
77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services.	
rification of Provider Qualifications	
Entity Responsible for Verification:	
Iowa Medicaid Enterprise, Provider Services contractor	
Frequency of Verification:	
Every four years	
ppendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Service Type: Other Service	
Service Name: Transportation	
ovider Category:	
gency ▼	
ovider Type:	
ommunity Action Agency	
License (specify):	
Certificate (specify):	
Community action agencies as designated in Iowa Code section 216A.93.	
Other Standard (specify):	
77.37(24) Transportation service providers. The following providers may provide transportation:	
a. Accredited providers of home- and community-based services.	
erification of Provider Qualifications	
Entity Responsible for Verification: Department of Humans Services Iowa Medicaid Enterprise	
Department of Humans Services Iowa Medicaid Enterprise	
Frequency of Verification:	
Every four years	
ppendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
C-1/C-3: Frovider Specifications for Service	
Service Type: Other Service Service Name: Transportation	
•	
rovider Category: gency v	
ovider Type:	
ransportation Provider	
ovider Qualifications	

Provider Qualifications
License (specify):

Certificate (specify):	
441-IA 77.39(18)	
Other Standard (specify):	//
Transportation service providers. The following providers may provide transportation:	<u>*</u>
a. Accredited providers of home- and community-based services.	
erification of Provider Qualifications Entity Responsible for Verification:	
The Iowa Department of Human Services, the Iowa medicaid Enterprise	
Frequency of Verification:	
Every four years.	
Appendix C: Participant Services	
C-1/C-3: Provider Specifications for Service	
Service Type: Other Service	
Service Name: Transportation	
Service Name: Transportation rovider Category:	
Service Name: Transportation rovider Category: Agency	
Service Name: Transportation rovider Category: Agency rovider Type:	
Service Name: Transportation rovider Category: Agency	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies	
Service Name: Transportation rovider Category: Agency rovider Type: HCBS Provider Agencies rovider Qualifications	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies	
Service Name: Transportation rovider Category: Agency rovider Type: HCBS Provider Agencies rovider Qualifications License (specify):	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify):	
Service Name: Transportation rovider Category: Agency rovider Type: HCBS Provider Agencies rovider Qualifications License (specify):	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certificate or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certified or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77 Other Standard (specify):	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certificate or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certified or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77 Other Standard (specify): 77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services.	
Service Name: Transportation rovider Category: Agency ▼ rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certified or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77 Other Standard (specify): 77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services. rerification of Provider Qualifications Entity Responsible for Verification:	
Service Name: Transportation rovider Category: Agency rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certified or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77 Other Standard (specify): 77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services.	
Service Name: Transportation rovider Category: Agency ▼ rovider Type: ICBS Provider Agencies rovider Qualifications License (specify): Certificate (specify): Certified or Accredited enrolled HCBS providers under441 IAC Chpater 24 and/ or Chapter 77 Other Standard (specify): 77.37(24) Transportation service providers. The following providers may provide transportation: a. Accredited providers of home- and community-based services. rerification of Provider Qualifications Entity Responsible for Verification:	

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Particip	ts. Indicate how case management is furnished to waiver participants (sele
one).	

(Not applicable -	Case managemen	t is not	furnished	l as a distir	nct activity	to waiver	participants

• Applicable - Case management is furnished as a distinct activity to waiver participants. *Check each that applies:*

•	As a	waiver	service	defined	in A	Appendix	C-3.	Do not	complete	item C	-1 <i>-c</i>

As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete item C-1-c.

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	As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management). Complete item C-1-c.
	As an administrative activity. Complete item C-1-c.
	As a primary care case management system service under a concurrent managed care authority. Complete item C-1-c.
	livery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver ticipants:
FF Tai	S regeted case managers or integrated health home coordinators provide case management services to those fee-for-service participants
Append	ix C: Participant Services
	C-2: General Service Specifications (1 of 3)
	minal History and/or Background Investigations. Specify the state's policies concerning the conduct of criminal history and/or kground investigations of individuals who provide waiver services (select one):
	No. Criminal history and/or background investigations are not required.
	Yes. Criminal history and/or background investigations are required.
	Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):
	Pursuant to Iowa Code 135C. 33(5)(a)(1) and (5)(a)(3), prospective employees of all of the following, if the provider is regulated by the state or receives any state or federal funding must complete child abuse, dependent adult abuse and criminal background
	use Registry Screening. Specify whether the state requires the screening of individuals who provide waiver services through a state-intained abuse registry (select one):
	No. The state does not conduct abuse registry screening.
	Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.
	Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):
	Pursuant to Iowa Code 135C. 33(5)(a)(1) and (5)(a)(3), prospective employees of all of the following, if the provider is regulated by the state or receives any state or federal funding must complete child abuse, dependent adult abuse and criminal background
Append	ix C: Participant Services
	C-2: General Service Specifications (2 of 3)
c. Ser	evices in Facilities Subject to §1616(e) of the Social Security Act. Select one:
	No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.
	Yes. Home and community-based services are provided in facilities subject to \$1616(e) of the Act. The standards that

apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. Select one:

	No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.
	Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.
	Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.</i>
	A person who is legally responsible for a member may provide services to a waiver member.
✓	Self-directed
	Agency-operated
conc	er State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify state policies terning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item Concerning Making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item Concerning Making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item Concerning Making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item Concerning Making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item Concerning Making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item Concerning Making Payment (1998).
	The state does not make payment to relatives/legal guardians for furnishing waiver services.
	The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.
	Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.
	A member's relative or legal guardian may provide services to a member. Payments may be made to any relative who is not the parent of a minor child, a spouse, or a legal representative of the member. Legal representative means a person, including an
	$Relatives/legal\ guardian\ may\ be\ paid\ for\ providing\ waiver\ services\ whenever\ the\ relative/legal\ guardian\ is\ qualified\ to\ provide\ services\ as\ specified\ in\ Appendix\ C-1/C-3.$
	Specify the controls that are employed to ensure that payments are made only for services rendered.
	Other policy.
	Specify:
	Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the ortunity to enroll as waiver service providers as provided in 42 CFR §431.51:
	a Medicaid providers will be responsible for providing services to fee-for-service members. The Iowa Medicaid Provider Services artment markets provider enrollment for Iowa Medicaid. Potential providers may access an application on line through the website
pendi	x C: Participant Services

Ap

Quality Improvement: Qualified Providers

As a distinct component of the State?s quality improvement strategy, provide information in the following fields to detail the State?s methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP-a1: The IME will measure the number and percent of licensed or certification waiver provider enrollment applications verified against the appropriate licensing and/or certification entity. Numerator = # and percent of waiver providers verified against appropriate licensing and/or certification entity prior to providing services. Denominator = # of licensed or certified waiver providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Encounter data, claims data and enrollment information out of ISIS. All MCO HCBS providers must be enrolled as verified by the IME PS.

Responsible Party for data collection/generation(check each that applies):	Frequency of data collection/generation(check each that applies):	Sampling Approach(check each that applies):		
State Medicaid Agency	Weekly	№ 100% Review		
Operating Agency	✓ Monthly	Less than 100% Review		
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =		
Other Specify: Contracted entity including MCO	Annually	Describe Group:		
	Continuously and Ongoing	Other Specify:		
	Other Specify:			

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):		
⊘ State Medicaid Agency	Weekly		
Operating Agency	Monthly		
Sub-State Entity	⊘ Quarterly		

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP-b1: The IME shall determine the number and percent of CDAC providers that met waiver requirements prior to direct service delivery. Numerator = # of CDAC providers who met waiver requirements prior to service delivery; Denominator = # of CDAC enrolled providers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Enrollment information out of ISIS. All MCO HCBS providers must be enrolled as verified by the IMF PS

ME PS.	E 61.	G 11 1 1 1		
Responsible Party for data collection/generation(check each that applies):	Frequency of data collection/generation(check each that applies):	Sampling Approach(check each that applies): 100% Review Less than 100% Review		
State Medicaid Agency	Weekly			
Operating Agency	✓ Monthly			
Sub-State Entity	Quarterly	Representative Sample Confidence Interval		
Other Specify: Contract entity	Annually	Describe Group:		
	Continuously and	Other		
	Ongoing	Specify:		
	Other Specify:			

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
⊘ State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	⊘ Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	Other Specify:

c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP-c1: The IME will measure the total number and percent of providers, specific by waiver, that meet training requirements as outlined in State regulations. Numerator = # of reviewed HCBS providers which did not have a corrective action plan issued related to training; Denominator = # of HCBS waiver providers that had a certification or periodic quality assurance review.

Data Source (Select one): Record reviews, off-site If 'Other' is selected, specify:

Provider's evidence of staff training and provider training policies. All certified and periodic reviews are conducted on a 5 year cycle; at the end of the cycle all providers are reviewed.

reviews are conducted on a 5 year cycle; at the end of the cycle all providers are reviewed.				
Responsible Party for data collection/generation(check each that applies):	Frequency of data collection/generation(check each that applies):	Sampling Approach(check each that applies):		
State Medicaid Agency	■ Weekly	№ 100% Review		
Operating Agency	✓ Monthly	Less than 100% Review		
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =		
Other Specify: Contracted	Annually	Describe Group:		
	Continuously and Ongoing	Other Specify:		

	//
Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies): Frequency of data aggregation and analysis (check each that applies):			
⊘ State Medicaid Agency	Weekly		
Operating Agency	Monthly		
Sub-State Entity	⊘ Quarterly		
Other Specify:	Annually		
	Continuously and Ongoing		
	Other Specify:		

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The IME Provider Services unit is responsible for review of provider licensing, certification, background checks of relevant providers, and determining compliance with provider service and business requirements prior to initial enrollment and

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State?s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

If it is discovered by Provider Services Unit during the review that the provider is not compliant in one of the enrollment and reenrollment state or federal provider requirements, the provider is required to correct deficiency prior to enrollment or

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

	, , , , , , , , , , , , , , , , , , , ,		
Responsible Party(check each that applies):	Frequency of data aggregation and analysis(check each that applies):		
State Medicaid Agency	Weekly		
Operating Agency	Monthly		
Sub-State Entity	⊘ Quarterly		
Other Specify: contracted entity and MCO	Annually		
	Continuously and Ongoing		

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	Responsible Party(check each that applies):	Frequency of data aggregation and analysis(check each that applies):
		Other Specify:
and 1	n the State does not have all elements of the Quality Impermediation related to the assurance of Qualified Provide No Yes	provement Strategy in place, provide timelines to design methods for discovery ers that are currently non-operational. I Providers, the specific timeline for implementing identified strategies, and the
Appendi	x C: Participant Services C-3: Waiver Services Specifications	
	'Service Specifications' is incorporated into Section C-1	'Waiver Services.'
Appendi	x C: Participant Services C-4: Additional Limits on Amount of W	Vaiver Services
	itional Limits on Amount of Waiver Services. Indicate and of waiver services (select one).	e whether the waiver employs any of the following additional limits on the
	Not applicable- The state does not impose a limit on the Applicable - The state imposes additional limits on the	ne amount of waiver services except as provided in Appendix C-3.
	When a limit is employed, specify: (a) the waiver service historical expenditure/utilization patterns and, as applicate the limit to which a participant's services are subject; (correvisions for adjusting or making exceptions to the limit	ces to which the limit applies; (b) the basis of the limit, including its basis in able, the processes and methodologies that are used to determine the amount of) how the limit will be adjusted over the course of the waiver period; (d) nit based on participant health and welfare needs or other factors specified by the unt of the limit is insufficient to meet a participant's needs; (f) how participants
	✓ Limit(s) on Set(s) of Services. There is a limit on	the maximum dollar amount of waiver services that is authorized for one or

more sets of services offered under the waiver. Furnish the information specified above.

Total monthly cost of waiver, excluding case management and home and vehicle modifications may not exceed the amount allowed in 441 Iowa Administrative Code 83.82(2) d

Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.

Furnish the information specified above.

Total monthly cost of BI waiver services, excluding case management and home and vehicle modifications may not exceed the maximum amount allowed in 441 Iowa Administrative Code 83.82(2) d

Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. Furnish the information specified above.

Other Type of Limit. The state employs another type of limit.

Describe the limit and furnish the information specified above.

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

- 1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
- 2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, <u>HCB Settings Waiver Transition Plan</u> for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Detailed information and timelines for the HCBS Settings project are included in Attachment #2 HCB Settings.